



LANCASHIRE COUNTY COUNCIL

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# REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1963

*(Presented to the County Council, 5th November, 1964)*



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# PUBLIC HEALTH AND HOUSING COMMITTEE (1963-64)

## The Chairman of the County Council :

COUNTY ALDERMAN SIR ALFRED BATES, M.C., D.L.

## The Vice-Chairman of the County Council :

COUNTY ALDERMAN SIR ANDREW SMITH, C.B.E., J.P.

## The Chairman of the Finance Committee :

COUNTY ALDERMAN H. LUMBY, C.B.E., J.P.

## The Chairman of the Health Committee :

COUNTY ALDERMAN H. LORD, C.B.E., J.P.

## Chairman of Committee :

COUNTY ALDERMAN F. L. NEEP

## Vice-Chairman :

COUNTY ALDERMAN J. W. THORLEY

## County Alderman :

SIR THOMAS TOMLINSON, J.P.

## County Councillors :

F. AINSWORTH, Esq.  
J. H. AINSWORTH, Esq.  
R. C. ARCHIBALD, Esq.  
C. BETHELL, Esq.  
G. P. BOWRING, Esq., M.C., M.A.  
A. DAVIES, Esq.  
G. H. DEARDEN, Esq.  
D. H. ELLETSON, Esq., B.A.  
H. FORMSTONE, Esq. (*from 26.7.63*)  
J. B. HAIGH, Esq., J.P.  
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Mrs. M. HINDLEY  
A. R. HOLDEN, Esq.  
F. H. HOWARTH, Esq.

G. A. HUGHES, Esq., J.P.  
H. KAY, Esq.  
S. LANZ, Esq.  
W. H. LIGHTFOOT, Esq.  
Mrs. C. M. MONKS, O.B.E., J.P.  
Miss F. M. OPENSHAW, J.P.  
Mrs. A. RHODES, M.B.E.  
F. RILEY, Esq.  
G. G. SMITH, Esq. (*from 3.10.63*)  
W. STARKIE, Esq. (*died 8.7.63*)  
J. STEELE, Esq.  
F. WHITWORTH, Esq.  
P. WORTH, Esq.  
W. WROE, Esq., J.P.

## HEALTH COMMITTEE (1963-64)

### The Chairman of the County Council :

COUNTY ALDERMAN SIR ALFRED BATES, M.C., D.L.

### The Vice-Chairman of the County Council :

COUNTY ALDERMAN SIR ANDREW SMITH, C.B.E., J.P.

### The Chairman of the Finance Committee :

COUNTY ALDERMAN H. LUMBY, C.B.E., J.P.

### The Chairman of the Public Health and Housing Committee :

COUNTY ALDERMAN F. L. NEEP

### The Chairman of the Lancashire Education Committee :

COUNTY ALDERMAN J. R. HULL, C.B.E.

### The Chairman of the School Health Sub-Committee :

COUNTY COUNCILLOR P. WORTH

### Chairman of Committee :

COUNTY ALDERMAN H. LORD, C.B.E., J.P.

### Vice-Chairman :

COUNTY ALDERMAN T. HOURIGAN, M.A., J.P.

### County Aldermen :

S. C. BOTTOMLEY, Esq.  
J. BRADLEY, Esq., M.B.E., J.P.  
A. L. CHEALL, Esq.  
W. J. GARNETT, Esq., J.P., D.L.  
Mrs. W. KETTLE, J.P.

Mrs. K. LOWE, J.P.  
G. H. LUPTON, Esq.  
J. W. THORLEY, Esq.  
LADY WORSLEY-TAYLOR, C.B.E., J.P.

### County Councillors :

F. AINSWORTH, Esq.  
W. BARNES, Esq.  
L. BELL, Esq.  
Mrs. E. M. BRUCE  
S. CROSTON, Esq. (to 7.11.63)  
H. DAVIES, Esq.  
G. H. DEARDEN, Esq.  
C. FARRAND, Esq., J.P.  
J. W. GEERE, Esq., J.P.  
B. GREENWOOD, Esq., T.D., M.A.  
J. B. HAIGH, Esq., J.P.  
Mrs. E. HANLEY, M.B.E., J.P.  
T. JACKSON, Esq.

Mrs. M. M. C. KEMBALL, J.P.  
W. H. LIGHTFOOT, Esq.  
P. R. MARSH, Esq. (from 24.9.63)  
G. E. PAILIN, Esq., J.P.  
Mrs. C. M. PICKARD, J.P.  
M. PILLING, Esq.  
Mrs. A. RHODES, M.B.E.  
M. E. M. SANDYS, Esq., J.P. (from 22.5.63)  
J. SHEPHERD, Esq., J.P.  
Rev. Dr. R. J. F. TROTTER, M.A., B.D.  
F. WHITWORTH, Esq.  
F. WORSLEY, Esq., J.P.

Members appointed by :

*Lancashire Non-County Boroughs Association :*

Mrs. V. B. DICKINSON, J.P.

W. H. FLOWERS, Esq., M.B.E., M.M.

*Lancashire Urban District Councils Association :*

W. R. MARSH, Esq.

C. L. TYRER, Esq., J.P.

*Lancashire Branch of Rural District Councils Association :*

A. W. GLENN, Esq., J.P.

J. PRESTON, Esq., J.P.

*Lancashire Executive Council :*

Mrs. L. B. LEWIS, M.B.E.

A. WALTON, Esq., J.P.

*Lancashire Local Medical Committee :*

DR. H. SOUTHWORTH

*Voluntary Organisations for the Care of Old People :*

Miss Z. D. M. BEATON, M.B.E., J.P.

Mrs. P. HARROP

Mrs. E. A. CHRISTIAN-FLETCHER,  
M.B.E.

## COUNTY HEALTH STAFF (As at 31st December, 1963)

(Jointly with School Health Service)

## County Medical Officer of Health and Principal School Medical Officer :

S. C. GAWNE, M.D., B.S., M.R.C.S., L.R.C.P., D.C.H., D.P.H., Barrister-at-Law

## Deputy County Medical Officer and Deputy Principal School Medical Officer :

C. H. T. WADE, B.Sc., M.D., Ch.B., D.P.H.

## Chief Assistant County Medical Officers :

R. W. ELDRIDGE, B.Sc., M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H., D.P.A.

IRENE E. HOWORTH, B.Sc., M.B., Ch.B., D.Obst.R.C.O.G., D.C.H., D.P.H.

J. E. MORRIS, B.Sc., M.B., B.Ch., D.C.H., D.P.H., D.I.H.

## Medical Staff :

Health Division No.	Divisional Medical Officer	Assistant Medical Officers
1	J. L. WILD, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.	D. H. GAWITH, M.R.C.S., L.R.C.P., D.P.H. S. B. DARBISHIRE, B.A., M.B., B.Ch., M.R.C.S., L.R.C.P.
2	R. W. FARQUHAR, B.Sc.(Agric.), M.B., Ch.B., D.P.H.	W. R. FALCONER, M.B., Ch.B., D.P.H. *W. F. LYLE, B.Sc., M.D., B.Ch., B.A.O., D.P.H. *KATHERINE A. MERCER, M.B., Ch.B. F. SIMM, M.R.C.S., L.R.C.P. MARGARET M. TIMPANY, M.B., Ch.B., D.P.H. BRIDIE O. WILSON, M.B., Ch.B., D.Obst.R.C.O.G. *SIDNEY L. WRAY, B.A., M.B., B.Ch., B.A.O.
3	C. R. WILSON, M.B., Ch.B., D.P.H.	KATHLEEN BALL, M.B., Ch.B. E. A. R. BERKLEY, T.D., M.R.C.S., L.R.C.P. WILHELMINA N. GAYE, M.R.C.S., L.R.C.P., D.P.H. *W. HOUSTON, M.B., Ch.B. J. L. JACKSON, M.B., Ch.B., D.P.H. SHEILA P. PARKER, M.B., Ch.B. O. A. PROSSER, B.Sc., M.B., B.Ch., D.C.H.
4	J. WALKER, M.B., Ch.B., D.P.H., L.D.S., D.P.D.	DORIS J. BLACK, B.A., M.B., B.Ch., B.A.O. *DILYS K. DAVIES, M.B., B.S. D. J. DOHERTY, M.B., Ch.B., D.P.H. *MARGARET FAIRCLOUGH, L.A.H. MARY P. HARAN, M.B., B.Ch., B.A.O., D.P.H. D. W. J. O'NEILL, M.B., Ch.B., M.R.C.S., L.R.C.P. †N. T. W. POVER, L.M.S.S.A., L.R.C.S., L.R.F.P.S., D.P.H. *JEAN ROBSON, M.B., Ch.B., D.C.H. MORFUDD E. THOMAS, B.Sc., M.B., B.Ch. *MARGARET WREN, M.B., B.S., D.C.H.
5	R. C. WEBSTER, T.D., B.Sc., M.D., B.Ch., B.A.O., D.C.H., D.P.H.	S. M. BIEBER, M.R.C.S., L.R.C.P., D.I.H., D.P.H., D.T.M. & H. J. R. BROWN, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H. TERESA R. DILLON, M.B., B.Ch., B.A.O. *J. A. FARRER, M.B., M.S. MAUD M. FRANKLAND, M.R.C.S., L.R.C.P., D.Obst.R.C.O.G. †SHEILA M. WHEELER, L.R.C.P., L.R.C.S., L.R.F.P.S., D.Obst.R.C.O.G., D.P.H.

\*Part-time.

†Senior Assistant Divisional Medical Officer.



Health Division No.	Divisional Medical Officer	Assistant Medical Officers
6	J. V. DYER, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.	MARGOT G. DUNLOP, B.Sc., M.B., Ch.B. MARGARET W. SEYMOUR, M.B., Ch.B. HELEN M. TURNER, M.R.C.S., L.R.C.P.
7	J. G. HAILWOOD, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.	JEANNETTE DIAMOND, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H. T. M. C. LINDSAY, M.B., B.S., D.P.H. †J. O'GORMAN, M.B., B.Ch., B.A.O., D.P.H. ELIZABETH J. SUTTON, M.R.C.S., L.R.C.P., D.C.H., D.P.H.
8	G. H. POTTER, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.	MARY R. CARDWELL, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H. *G. A. FULTON, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H. C. HARRIS, B.A., M.B., B.Ch., B.A.O., D.P.H. *R. F. B. HOWARTH, M.B., B.Ch., B.A.O. S. NAYLOR, B.Sc., M.B., Ch.B., D.P.H.
9	F. W. BUNTING, <i>M.B.E.</i> , M.D., Ch.B., D.P.H.	MARY C. MANGAN, M.B., B.Ch., B.A.O., L.M. J. F. MCGOVERN, M.B., M.Ch., B.A.O., D.P.H. C. P. B. PARRY, M.R.C.S., L.R.C.P., D.A., D.P.H. MARY PILLING, M.R.C.S., L.R.C.P., C.P.H. †P. M. SAMMON, M.B., Ch.B., D.P.H. E. J. WALSH, M.R.C.S., L.R.C.P., D.P.H. D. H. WILLIAMS, M.B., B.S., M.R.C.S., L.R.C.P., D.Obst.R.C.O.G.
10	R. ELLIS JONES, M.B., Ch.B., D.P.H.	HELEN G. M. BENNETT, M.B., Ch.B., D.P.H. *GERALDINE M. H. ELLIS, M.B., Ch.B. J. E. JOLLEY, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M. EVANGELINE T. MORAHAN-SMIDDY, M.B., B.Ch., B.A.O. W. G. RHYS-JONES, M.A., B.M., B.Ch., L.M.S.S.A., D.P.H.
11	E. TAYLOR, M.B., Ch.B., D.P.H.	PATRICIA F. D. ANDERSON, L.R.C.P., L.R.C.S., L.R.F.P.S. MARGARET BISHOP, M.B., B.S. T. J. DAILEY, M.B., Ch.B. JEAN M. DESMOND, M.A., M.B., Ch.B., D.P.H. CATHERINE E. HALL, M.B., Ch.B. D.Obst.R.C.O.G., D.C.H. *JOYCE E. LEESON, M.B., Ch.B., D.P.H. SHEILA L. MCKINLAY, M.B., Ch.B., D.C.H. J. S. WILLMAN, M.B., B.Ch., B.A.O.
12	T. SEYMOUR JONES, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.	MARION B. BARNETT, M.B., B.S. *MARY H. CHADDERTON, M.B., B.Ch., B.A.O. E. DESMOND, M.B., B.Ch., B.A.O., L.M., D.P.H. *PATRICIA A. DORAN, M.B., Ch.B., D.C.H. *BERYL EDGECOMBE, M.B., Ch.B., D.P.H. *W. S. HAYDOCK, B.A., M.D., B.Ch., B.A.O., D.P.H. J. V. MAHER, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M. †R. SCHOFIELD, M.B., Ch.B., D.C.H., D.P.H. *CECILIA F. G. WILD, M.B., Ch.B., D.P.H. J. G. A. S. WILLIAMSON, M.B., Ch.B., D.P.H.
13	A. N. PICKLES, M.B., Ch.B., D.P.H.	BERYL A. BARLOW, M.B., Ch.B., D.P.H. JOAN M. CURTIS, M.B., Ch.B. MARGARET A. FEENY, M.B., B.Ch., B.A.O., L.M., D.P.H. E. HOWITT, M.A., M.D., B.Ch., B.A.O.

\* Part-time.

† Senior Assistant Divisional Medical Officer.

Health Division No.	Divisional Medical Officer	Assistant Medical Officers
14	G. R. BRACKENRIDGE, M.B., Ch.B., D.P.H.	†E. J. H. FOSTER, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H. SUSAN HETHERINGTON, M.B., Ch.B. D. C. MARSHALL, M.B., Ch.B. T. W. SHERRATT, M.R.C.S., L.R.C.P., L.D.S.
15	W. J. ELWOOD, M.B., B.Ch., B.A.O., D.P.H.	T. A. CONROY, M.B., B.Ch., B.A.O., D.P.H. L. DOODY, M.B., B.Ch., B.A.O., L.M. *MAUREEN ELLIS, M.B., Ch.B. L. G. POOLE, M.B., Ch.B., D.P.H., D.T.M. & H. *OLIVE M. THOMAS, M.B., Ch.B., D.P.H.
16	W. SHARPE, B.Sc., M.B., Ch.B., D.P.H.	PHOEBE J. M. ARMSTRONG, B.Sc., M.B., B.Ch., C.P.H. J. S. FARRIES, M.R.C.S., L.R.C.P., D.A., D.Obst.R.C.O.G. JOYCE M. MEDLEY, M.B., Ch.B.
17	A. S. SIMPSON, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.	HAZEL I. ASHFORD, M.B., Ch.B., D.P.H. PAULINE BLOCKEY, M.B., Ch.B., D.P.H. JEAN M. BREAKELL, M.B., Ch.B. A. B. DAVIES, M.B., B.Ch., D.P.H. J. H. M. ROBERTSON, M.B., Ch.B., D.P.H. *ELIZABETH C. SMITH, M.A., M.B., Ch.B., D.P.H.

\* Part-time.

† Senior Assistant Divisional Medical Officer.

Delegate District	Medical Officer	Assistant Medical Officers
Crosby M.B.	J. G. HAILWOOD, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.	LILIAN W. HUGHES, M.B., Ch.B. IRENE W. SIMPSON, M.B., Ch.B., D.P.H.
Huyton-with-Roby U.D.	F. W. BUNTING, <i>M.B.E.</i> , M.D., Ch.B., D.P.H.	PATRICIA F. M. B. GOULD, M.B., Ch.B., D.P.H. BRENDA JONES, M.B., Ch.B., D.P.H. *NORA W. MARSHALL, M.B., B.S. *LUCY M. SUTCLIFFE, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H.
Middleton M.B.	G. R. BRACKENRIDGE, M.B., Ch.B., D.P.H.	JOYCE M. EYRE, M.B., Ch.B., D.C.H. J. B. MACMAHON, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M. KATHLEEN M. NICHOLSON-SMITH, M.B., Ch.B. *RACHEL TEPPER, M.B., Ch.B.
Stretford M.B.	W. SHARPE, B.Sc., M.B., Ch.B., D.P.H.	MARJORIE T. DARE, M.B., Ch.B., D.P.H. A. HARGREAVES, M.B., Ch.B., D.P.H.

\* Part-time

**Principal School Dental Officer :**

L. B. CORNER, L.D.S., R.C.S.E.

**Dental Officers :***Whole-time :*

H. J. APPLEYARD, L.R.C.P., L.R.C.S.,  
L.R.F.P.S., L.D.S.  
T. N. ASHALL, L.D.S.  
T. A. M. ASHMAN, L.D.S.  
JOAN M. BULLOUGH, L.D.S.  
A. E. BUTLER, L.D.S.  
MARGARET E. CALDWELL, L.D.S.  
MARGARET CLARK, L.D.S.  
R. A. COLLINS, L.D.S.  
J. B. COONEY, L.D.S.  
A. C. CRAWFORD, L.D.S.  
E. CROSBIE, L.D.S.  
M. B. DAVIDSON, L.D.S.  
F. J. W. DEWHURST, L.D.S.  
G. ENTWISLE, L.D.S.  
G. R. FAIRCLOUGH, L.D.S.  
H. GAUNT, B.Ch.D.  
S. GOLDMAN, L.D.S.  
L. B. HALL, B.Sc., L.D.S.  
J. L. HALTON, L.D.S.  
J. S. HIGHAM, B.D.S.

J. F. HIGSON, B.D.S.  
G. HUTTON, L.D.S.  
L. A. JONES, L.D.S.  
W. A. LINNELL, L.D.S.  
W. R. LORD, L.D.S.  
KATHLEEN R. MAXFIELD, L.D.S.  
J. OGDEN, B.D.S.  
MARY M. PELLATT, L.D.S.  
KATHLEEN PLATT, L.D.S.  
A. W. POOLE, L.D.S.  
B. H. REID, L.D.S.  
MARGARET E. ROBINSON, L.D.S.  
G. C. ROYLEY, L.D.S.  
M. B. SCOTT, L.D.S.  
I. D. J. SMITH, L.D.S.  
G. K. TAYLOR, L.D.S.  
A. D. TORRY, L.D.S.  
H. V. O. TRENBATH, L.D.S.  
C. R. WHEELER, L.D.S.  
BERTHA D. WORSWICK, B.D.S.

*Part-time :*

A. G. ADDINSELL, L.D.S.  
J. BARCROFT, L.D.S.  
A. BESWICK, B.D.S.  
R. H. BINGHAM, L.D.S.  
H. M. CARMICHAEL, L.D.S.  
DOROTHY A. CARSON, L.D.S.  
R. J. CARSON, L.D.S.  
K. A. CARTER, L.D.S.  
R. CHURNEY, L.D.S.  
H. K. CLOUGH, L.D.S.  
C. R. COOPER, L.D.S.  
P. F. CUNNINGHAM, L.D.S.  
R. DANNOUS, L.D.S.  
ELISABETH A. DURANT, L.D.S.  
A. M. FLETT, L.D.S.  
H. GIBSON, L.D.S.  
JOYCE GIBSON, L.D.S.  
L. GLICKMAN, L.D.S.  
CATHERINE T. M. GREEN, L.D.S.  
T. HAWORTH, B.D.S.  
N. P. HILTON, L.D.S.  
A. HODGKINSON, L.D.S.  
T. S. HOLT, L.D.S.

N. JOCHNOWITZ, L.D.S.  
A. JONES, L.D.S.  
E. LAMB, L.D.S.  
C. C. LEDSON, B.D.S.  
J. B. LEES, B.D.S.  
L. LEVER, L.D.S.  
BERYL LEVY, L.D.S.  
K. LOMAX, L.D.S.  
R. MARSHALL, B.D.S.  
L. MASON, L.D.S.  
T. MCNAMARA, L.D.S.  
K. E. METCALF, L.D.S.  
BERTHA M. O'REGAN, B.D.S.  
MAGGIE ROBINSON, L.D.S.  
P. D. ROBINSON, L.D.S.  
J. S. SELWYN, L.D.S.  
A. F. SHEFF, L.D.S.  
R. P. SOUTHWORTH, B.D.S.  
W. G. TEMPLETON, L.D.S.  
ANNIE H. TYLDESLEY, B.D.S.  
L. D. WALMSLEY, L.D.S.  
FREDA N. WILLIAMS, L.D.S.

**Ophthalmic Surgeons (part-time) :**

E. ALLAN, M.B., Ch.B.  
H. B. BARKER, M.B., B.S., M.R.C.S., L.R.C.P.  
G. T. BEDFORD, M.B., Ch.B., D.O.M.S.  
J. BERKSON, M.B., Ch.B., D.A., D.O.M.S.  
T. S. BLACKLIDGE, M.D., B.S., M.R.C.S.,  
L.R.C.P., D.O.M.S.  
B. BOAS, M.D.  
PHOEBINA BRITAIN, B.A., M.B., B.Ch., B.A.O.  
J. M. BRODRICK, M.R.C.S., L.R.C.P.  
W. B. BROWNLEE, M.D., F.R.C.S.  
ELIZABETH CALDERWOOD-SMITH, M.A., M.B.,  
Ch.B., D.P.H.  
T. CHADDERTON, M.R.C.S., L.R.C.P., D.O.M.S.  
W. G. L. FLATHER, M.B., Ch.B., D.O.M.S.  
L. B. HARDMAN, L.R.C.P., L.R.C.S., L.R.F.P.S.,  
D.O.M.S.  
V. T. LEES, M.B., Ch.B., D.O.M.S.  
M. LOW, M.R.C.S., L.R.C.P., D.O.M.S.

H. MATHER, M.R.C.S., L.R.C.P.  
J. N. MATTHEWS, M.R.C.S., L.R.C.P., D.P.H.  
J. MCLENACHAN, G.M., M.B., Ch.B., F.R.C.S.,  
D.O.  
P. A. O'BRIEN, L.R.C.P., L.R.F.P.S.,  
D.P.H.  
D. PLUM, M.R.C.S., L.R.C.P., D.T.M., D.O.M.S.  
DOROTHY PURSER-SMITH, M.B., Ch.B.  
RHONA A. REID, M.A., M.B., Ch.B., D.O.  
R. S. RITSON, M.A., M.B., Ch.B.  
L. ROSE, M.B., Ch.B., D.O.  
T. E. SHANNON, M.B., B.Ch., B.A.O., D.O.M.S.  
CECILIA M. SIMMONS, M.B., B.Ch., B.A.O.,  
D.O.M.S.  
H. B. SMITH, M.B., B.Ch., B.A.O.,  
M.Ch.(Ophth.), D.O.M.S.  
D. M. SOMERVILLE, M.B., Ch.B., D.O.  
P. R. STEVENS, M.R.C.S., L.R.C.P., D.O.



**Consultant Obstetricians :**

H. B. BAGSHAW, M.A., M.B., B.Chir., F.R.C.S.,  
L.R.C.P., F.R.C.O.G.  
H. V. CORBETT, M.Sc., M.D., Ch.B., F.R.C.S.,  
L.R.C.P., F.R.C.O.G., M.M.S.A.  
J. DOUGLAS, M.R.C.S., L.R.C.P., L.M.  
G. H. ELLIDGE, M.B., Ch.B., M.R.C.O.G.  
MARY EVANS, B.Sc., M.D., B.S., M.R.C.S.,  
L.R.C.P., F.R.C.O.G.  
R. EVERETT, M.B., Ch.B., F.R.C.S., F.R.C.O.G.  
F. R. FAUX, M.B., Ch.B.  
BETTY HARGREAVES, M.B., Ch.B., M.R.C.O.G.  
R. L. HARTLEY, M.D., Ch.B., F.R.C.S.,  
F.R.C.O.G.

H. C. HASLAM-FOX, M.B., Ch.B.  
G. T. JOHNSON, M.D., B.S., M.R.C.S., L.R.C.P.,  
M.R.C.O.G., F.F.A.R.C.S., D.A.  
DOREEN M. MARTIN, M.B., Ch.B., M.R.C.O.G.  
W. M. MARTIN, M.C., M.D., Ch.B.,  
D.Obst.R.C.O.G., D.P.H.  
G. W. H. MILLINGTON, M.B., Ch.B., M.R.C.O.G.  
LUCY M. SUTCLIFFE, M.B., Ch.B.,  
D.Obst.R.C.O.G., D.P.H.  
W. EWART C. THOMAS, B.Sc., M.B., B.Ch.,  
M.R.C.S., L.R.C.P., M.R.C.O.G.  
H. S. WATERS, M.A., M.B., B.Chir., F.R.C.S.,  
F.R.C.O.G.

**Chief Lay Administrative Officer :**

F. V. ROBINSON

**Welfare Services Organiser :**

G. A. ROYLE, LL.B., B.Com., D.M.A., A.C.I.S.

**Ambulance Service Organiser :**

A. ORTON, M.B.E.

**County Public Health Officers :**

A. KEWLEY

D. B. SOUTHWORTH

R. K. TAYLOR

K. WALMSLEY

**Supervisor of Midwives :**

MISS V. R. SHAND, M.B.E.

**Superintendent Health Visitor and School Nurse :**

MISS P. C. L. GOULD

**Superintendent of Home Nurses :**

MISS L. JONES

**County Analyst :**

G. H. WALKER, Ph.D., B.Sc., F.R.I.C



# REPORT OF THE MEDICAL OFFICER OF HEALTH

for the Year ended 31st December, 1963

*To the Chairman and Members of the Lancashire County Council.*

I have the honour of presenting for your consideration the seventy-fifth annual report on the health, sanitary conditions and circumstances of the Administrative County of Lancaster in respect of the year ended 31st December, 1963, together with the vital statistics relative to that period.

During the year the County volume of the Census Report, 1961, was published which showed an overall increase in population of the Administrative County of 7·8 per cent. above the figures at the Census of 1951, the greatest proportionate increase being found in the rural areas. The absorption of overspill populations from many of the County Boroughs has, of course, been responsible for much of the population increase.

Whilst the ratio between the sexes was the lowest since the Census of 1911—1,083 females to each 1,000 males—the average age of the population, viz., 36·3 years, showed no appreciable change as compared with ten years previously. At the top of the age scale some considerable increase had taken place in the numbers over 60 years of age, but more than double such increase had occurred in the numbers of young people under 20 years of age, resulting in a proportion of such young people greater than any since 1921. In this respect the diagrams on page 18 are most illuminating.

The number of live births (41,461) in 1963 was the highest for over 50 years and was equivalent to a crude rate per 1,000 population of 18·28, the same as in the previous year, whilst a record low rate of stillbirths was achieved, viz., 17·7 per 1,000 total births. The number of deaths registered was virtually the same as in 1962, the crude rate being 12·69 per 1,000 population or 0·16 less than in the previous year.

Never before has the number of maternal deaths been so low, only 12 being recorded with a resultant record low rate per 1,000 total births of 0·28. This is all the more gratifying having in mind that the number of births was the highest for over half a century.

There was, too, a fall in infant mortality, the rate of 23·3 per 1,000 live births and the neo-natal mortality rate of 16·1 per 1,000 live births both being the lowest ever recorded.

So far as notifications of infectious diseases were concerned the year was marked by a considerably increased incidence of both measles and whooping cough. On the other hand, for the first time in the County records, not a single notification of diphtheria was received. This does not mean that the campaign against diphtheria is now completed. In the absence of an active campaign of immunisation amongst young children there is no doubt that diphtheria would return and parents must never allow themselves to be lulled into a state of false security by the absence of overt disease in the community. The control of the disease depends upon a continuous immunisation programme and the advocacy and carrying out of this are amongst the most important functions of the local health authority. Fortunately, the numbers of children immunised against diphtheria, whooping cough and tetanus show a tendency to increase, the figures for the year under review being slightly better than those for the previous year. This speaks well for the assiduity with which those engaged in the immunisation campaign are applying themselves to the task of persuading parents to bring their children for treatment and in this work the health visitor plays a particularly valuable role.

The smallness of the numbers vaccinated against smallpox during the year derives primarily from a change in policy designed to secure the vaccination of young children at a later age than hitherto with the result that, for 1963, large numbers of infants who had previously been vaccinated at an early period in their infancy did not fall to be dealt with after their first birthdays in accordance with the revised policy.

The decreased incidence of poliomyelitis in the last two or three years has undoubtedly had the effect of reducing both the interest in and the demand for poliomyelitis vaccination despite continued propaganda. Primary vaccinations were less than half those of the previous year and re-inforcement injections little more than a sixth.

Once again, new low records were established in the incidence of both respiratory and non-respiratory tuberculosis and although there was a slight increase in mortality ascribed to the latter there was a substantial fall in deaths from respiratory tuberculosis—again providing a new low record mortality rate and one appreciably less than that for the country as a whole.

A first revision of the County Council's ten-year programme for the development of the health and welfare services was undertaken. This visualises the expenditure of over £7,300,000 of capital monies on 126 projects during the ten years 1964/65 to 1973/74, and by the end of that period revenue expenditure on all health and welfare services at the rate of almost £9,000,000 per annum and the employment of almost 9,000 staff.





The year saw the introduction in most of the health divisions of co-operation record cards kept by expectant mothers to enable their professional attendants to have easily available to them particulars of previous histories, particularly in cases of difficulty.

Over 78 per cent.—the highest proportion yet achieved—of all infants under one year of age attended the child welfare centres but there was an appreciable reduction in the proportion of other children under five years of age attending—an indication of the need to intensify efforts to encourage their attendance so that defects may be discerned and treated before they enter school.

The building of the first “small clinic” for health services purposes, including child welfare, was commenced towards the end of the year.

Arrangements were made for the compilation of a register of congenital defects in infants and assistance was given with a pilot survey undertaken by the Ministry in certain areas in the County into the diets of some 450 young children aged between nine months and five years living in private families.

Good work continues to be undertaken at the audiology clinic at Fulwood. An effort is now being made to test all babies at the age of approximately 9-12 months and to this end all health visitors not specially trained to carry out the full screening tests were given a shorter training course during the year in simple distracting tests suitable for children aged 7-16 months.

More cases were conveyed by the ambulance service than ever before and, in fact, the service is now providing transport for almost 60 per cent. more patients than was the case twelve years ago.

Further progress was made in the development of the mental health service. Four new adult training centres were brought into operation, whilst at the end of the year a further 21 projects—nine adult training centres, one junior training centre, eight adult hostels and three junior hostels—were in course of construction. The year, too, saw the completion of an in-training service course in mental health for Medical Officers, in which 40 doctors took part.

Development of the welfare services continued and during the year three additional purpose-built homes with accommodation for 105 old persons were brought into use, whilst the construction of another five 50-place homes continued. In addition, the erection of six homes with accommodation totalling 305 places was put in hand. A further sixteen schemes whereby District Councils provide special housing for the elderly with financial assistance from the County Council to provide a warden's service were approved during the year. No fewer than 58 of the housing authorities in the Administrative County now have such schemes which in total will provide 2,158 units of accommodation. The encouragement of “housing-cum-warden” schemes is one of the most valuable activities of the Health Committee and all the evidence shows that elderly frail people are greatly appreciative of this service, and that it is indeed effective in enabling many people to retain a degree of independence which would otherwise not be possible. The scheme is operated in a number of ways and more recently the linking of small numbers of bungalows with a neighbouring old people's home (which provides the warden service) has been tried with success.

The first purpose-built home for the physically handicapped to be provided by the County Council was completed towards the end of the year. It is situated at Fleetwood and will accommodate 50 residents. The aim of this home is to provide both permanent accommodation for the younger physically handicapped person and a place to which a number of short-stay cases may be admitted for a holiday or to provide temporary relief to relatives.

Although the rate of sampling of food and drugs per 1,000 population was somewhat less than in 1962, the adulteration rate rose from 3.8 to 5.8 per cent. This increased rate was, however, directly attributable to an increased testing of milks for antibiotics and cannot, therefore, be regarded as strictly comparable with rates for earlier years. There was, however, an increase in the adulteration rate of samples other than milk, which rose from 5.3 to 6.7 per cent.

Once again, I would like to express my appreciation of the work undertaken by the staff engaged in the health and welfare services and to thank the members of the County Council and, in particular, of the Public Health and Housing Committee and the Health Committee for their continued interest, encouragement and support.

I am, Ladies and Gentlemen,

Your obedient Servant,

S. C. GAWNE,

County Medical Officer of Health.

Health Department,  
East Cliff County Offices,  
PRESTON.  
October, 1964.



## VITAL STATISTICS

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**Physical features and general character of the County.**—The Geographical County of Lancaster is bounded on the north by Westmorland, on the north-west by Cumberland, on the east by Yorkshire, on the south by Cheshire and on the west by the Irish Sea. The north-western portion of the County—the peninsulas of Furness and Cartmel—physically a part of the Lake Country, is separated from the rest of the County by Morecambe Bay and the estuary of the River Kent.

The greatest length of the County from Wrynose Pass, Dunderdale, in the north-west, to Denton in the south-east, is roughly 80 miles and from east to west in the widest part, south of the Ribble, about 45 miles; north of the River Ribble the width contracts, varying between 10 and 25 miles.

The Pennine Range runs along the eastern side of the County. In the north is Conistون Old Man, the highest point in Lancashire, 2,633 feet, whilst two of the neighbouring fells attain to more than 2,500 feet. The highest point south of Morecambe Bay is at Greygarth, Leck, Lunesdale Rural District (2,250 feet).

The chief rivers are the Mersey, Irwell, Ribble, Wyre and Lune, which flow into the Irish Sea. In the northern portion are the Rivers Kent, Leven, Keer, Cocker, Duddon, Brathay, Winster, etc. The only large lakes entirely in Lancashire are Conistون (the third largest lake in England) and Esthwaite. Two-thirds of the shore of Lake Windermere is in the County.

Almost every type of scenery is to be found within the borders of Lancashire, ranging from the mountain rock and lakes of the Furness area and the wild moorland of the Yorkshire boundary to the valleys of the Lune and Ribble and the cultivated plains sweeping from the Pennines to the sea.

The County can be roughly divided into two distinct types of area, that in the north consisting chiefly of sparsely populated rural districts which, as the mid-south and south-east are approached, resolve themselves into densely populated industrial areas. Whilst the northern portion of the County together with the fertile plains of the Fylde and west coast are predominantly agricultural in character, the industrial life is principally centred on engineering and allied trades, textile works, mining and quarrying.

**Area of Administrative County.**—The area of the Administrative County—land and inland water together, exclusive of tidal water and foreshore—as constituted on the 31st December, 1963, was 1,033,002 acres, one acre less than the area quoted in the Report for 1962. This reduction does not represent any change of boundary during the year but results from an adjustment of the acreages for certain County districts between the publication of the Preliminary Report and the final County Report on the Census, 1961.

The acreage of each County district in accordance with the County Report on the Census, as adjusted for any subsequent boundary alteration, is given in Table 2, pages 156 to 163.

**Population of Administrative County.**—REGISTRAR GENERAL'S MID-YEAR ESTIMATES.—Estimates of home population include members of British, Commonwealth and foreign armed forces stationed in the area, but not members of the armed forces stationed outside England and Wales. In compiling the local estimates undergraduates in residential colleges of universities, pupils in boarding schools, patients in mental hospitals and persons in similar institutions are treated generally as part of the population of the area in which the institution is situated, but patients in general hospitals, convalescent homes and similar institutions are generally included in the population of the area of their normal place of residence.

The Registrar General's estimate of the home population of the Administrative County at the 30th June, 1963, was 2,268,060, an increase of 30,250 over the estimate for the previous year and 69,705 more than the Census, 1961, enumeration as published in the County Report. The *natural* increase in population (the excess of live births over deaths in 1963) was 12,686, the highest since 1947. Immigration, however, was still the major factor in the population growth.

The tabular statement below records the estimated populations of the Administrative County, the aggregate urban districts and the aggregate rural districts for each of the last 20 years together with the annual increase or decrease. No adjustments have been made for such boundary alterations as may have taken place during the period.

Year	Administrative County		Urban Districts		Rural Districts	
	Population	Annual increase or decrease	Population	Annual increase or decrease	Population	Annual increase or decrease
1944	1,837,800	— 10,850	1,575,900	— 4,860	261,900	— 5,990
1945	1,832,420	— 5,380	1,575,290	— 610	257,130	— 4,770
1946	1,924,880	+ 92,460	1,655,920	+ 80,630	268,960	+ 11,830
1947	1,959,160	+ 34,280	1,684,130	+ 28,210	275,030	+ 6,070
1948	2,007,150	+ 47,990	1,719,667	+ 35,537	287,483	+ 12,453
1949	2,035,380	+ 28,230	1,734,877	+ 15,210	300,503	+ 13,020
1950	2,047,010	+ 11,630	1,743,282	+ 8,405	303,728	+ 3,225
1951	2,039,000	— 8,010	1,731,000	— 12,282	308,000	+ 4,272
1952	2,042,000	+ 3,000	1,730,000	— 1,000	312,000	+ 4,000
1953	2,044,400	+ 2,400	1,729,500	— 500	314,900	+ 2,900
1954	2,051,000	+ 6,600	1,747,000	+ 17,500	304,000	— 10,900
1955	2,068,000	+ 17,000	1,756,800	+ 9,800	311,200	+ 7,200
1956	2,091,000	+ 23,000	1,768,000	+ 11,200	323,000	+ 11,800
1957	2,110,000	+ 19,000	1,777,000	+ 9,000	333,000	+ 10,000
1958	2,129,000	+ 19,000	1,827,000	+ 50,000	302,000	— 31,000
1959	2,151,000	+ 22,000	1,843,000	+ 16,000	308,000	+ 6,000
1960	2,175,950	+ 24,950	1,862,800	+ 19,800	313,150	+ 5,150
1961	2,206,190	+ 30,240	1,882,530	+ 19,730	323,660	+ 10,510
1962	2,237,810	+ 31,620	1,904,000	+ 21,470	333,810	+ 10,150
1963	2,268,060	+ 30,250	1,923,230	+ 19,230	344,830	+ 11,020

Note : Non-civilians excluded for years 1944–48.

Table 2, pages 156 to 163, shows the estimated home population of each County district as at the 30th June, 1963, together with the Census, 1961, enumeration.

CENSUS, 1961—COUNTY REPORT.—*Intercensal Movements.*—The County Report for Lancashire on the Census, 1961, was published by the Registrar General in February, 1964. This shows the population of the Administrative County at the time of the census to have been 2,198,355, or 3,460 fewer than the provisional figure published in the Preliminary Report in May, 1961. Compared with the Census, 1951, population, related as nearly as possible to the same area, the 1961 enumeration represents an increase of 159,480 or 7·8 per cent. This corresponds to an average annual increase throughout the intercensal period of 0·75 per cent. compared with 0·70 per cent. between 1931 and 1951.

The populations of the total urban districts, including municipal boroughs, and of the total rural districts were 1,875,271 and 323,084 respectively, increases of 7·2 and 11·4 per cent. respectively over the 1951 enumerations for the same areas. The proportion of the total population to be found in the aggregate urban districts, which had declined from 88·5 per cent. in 1931 to 85·7 per cent. in 1951, fell further to 85·3 per cent. in 1961, with a complementary increase of the proportion in the rural areas.

Of the 109 districts in the Administrative County area 60, including all but three of the rural districts, showed an increase in population since the previous census. Whilst the number of districts losing population was little less than the number gaining, the average population losses of the former were appreciably smaller than the average gains of the latter. The most outstanding change occurred in the area now forming Kirkby U.D., the population of which grew, by absorption of overspill from Merseyside, from 3,145 in 1951 to 52,088 in 1961, an average annual increase of 32·36 per cent. Listed below are the County districts showing the greatest proportionate increase in population



during the intercensal period. The contributions to this increase made by the net effect of the births and deaths assigned to each area and by the balance of other factors, mainly migration, are also given.

District	Annual increase or decrease (—) (per cent.) 1951–1961			District	Annual increase or decrease (—) (per cent.) 1951–1961		
	Total	By births and deaths	Balance		Total	By births and deaths	Balance
Kirkby U.D. ... ..	32·36	2·62	29·74	Walton-le-Dale U.D. ...	2·56	0·51	2·05
Middleton M.B. ... ..	5·66	0·94	4·72	Golborne U.D. ... ..	2·35	0·82	1·53
Poulton-le-Fylde U.D....	5·37	0·23	5·15	Fulwood U.D. ... ..	2·25	—0·39	2·65
Worsley U.D. ... ..	3·96	0·54	3·42	Turton U.D. ... ..	2·25	—0·12	2·37
West Lancashire R.D.	3·31	0·63	2·68	Wigan R.D. ... ..	2·14	0·67	1·47
Thornton Cleveleys U.D.	2·94	—0·42	3·35	Whiston R.D. ... ..	2·12	1·18	0·93
Leyland U.D. ... ..	2·80	0·83	1·97	Carnforth U.D. ... ..	1·95	0·73	1·22
Rainford U.D. ... ..	2·79	0·76	2·04	Denton U.D. ... ..	1·95	0·44	1·51

The districts showing the most marked proportionate diminution in population were :—

District	Annual increase or decrease (—) (per cent.) 1951–1961			District	Annual increase or decrease (—) (per cent.) 1951–1961		
	Total	By births and deaths	Balance		Total	By births and deaths	Balance
Kirkham U.D. ... ..	—3·55	0·32	—3·87	Mossley M.B. ... ..	—0·64	0·15	—0·79
Warrington R.D. ... ..	—1·76	0·44	—2·20	Nelson M.B. ... ..	—0·62	—0·19	—0·43
Ince-in-Makerfield U.D.	—1·23	0·51	—1·75	Rawtenstall M.B. ...	—0·62	—0·31	—0·31
Lees U.D. ... ..	—1·08	—0·20	—0·88	Clayton-le-Moors U.D.	—0·61	—0·09	—0·52
Trawden U.D. ... ..	—0·79	—0·46	—0·33	Colne M.B. ... ..	—0·61	—0·17	—0·45
Tyldesley U.D. ... ..	—0·73	0·25	—0·98	Bacup M.B. ... ..	—0·59	0·21	—0·81
Lancaster M.B. ... ..	—0·68	—0·05	—0·63	Wardle U.D. ... ..	—0·59	0·02	—0·62
Rishton U.D. ... ..	—0·65	—0·19	—0·45				

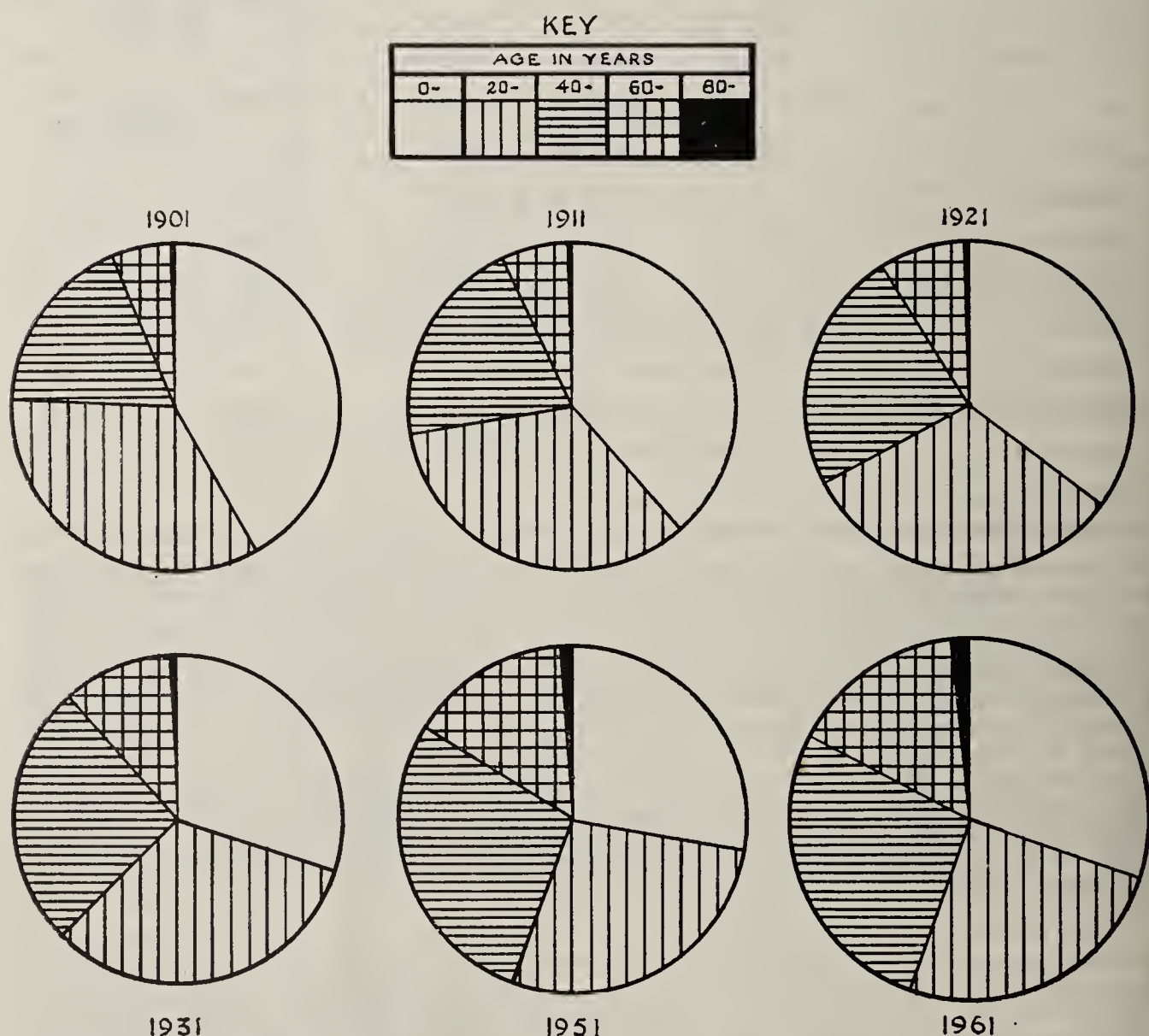
As in the preceding intercensal period, 1931–51, migration continued to be the dominant factor in the size of the population changes. Although the movement away from the districts in the east whose economy had long been centred upon the cotton textile industry is apparent in the above tables, such movement is not so clearly defined or so pronounced as at the Census of 1951. The more important aspect of migration so far as the total population of the Administrative County is concerned was the absorption of overspill population from neighbouring county boroughs and, although a majority of County districts (55) suffered a net loss through migration the Administrative County as a whole showed an average annual net gain of 0·48 per cent.—almost double the natural increase recorded. Of the 17 county boroughs 14 experienced an intercensal decline in population which represented a net loss by the total county boroughs of 147,917 persons. Thus, whilst the Administrative County area showed a total annual intercensal increase of 0·75 per cent., the population of the geographical county (i.e., including county boroughs) remained almost stationary, the annual increase being only 0·02 per cent.

One further aspect of migration should be mentioned which does not spring from environmental conditions but nevertheless can be the most important cause of growth or decline of population—particularly at County district level. The examples of Kirkham U.D. and Warrington R.D. may be cited. At the census of 1951 they were eighth and second respectively of the County districts experiencing the largest intercensal increases. At the census of 1961, as the above table shows, they headed the list of districts suffering the greatest proportionate losses. In 1951, however, Kirkham U.D. had a population of 6,930 of whom 2,176 or 31·4 per cent. were enumerated in defence establishments : in 1961 the population was 4,819, with none in such establishments. Similarly, Warrington R.D. in 1951 had a population of 36,786 of whom 10,234 or 27·8 per cent. were in defence establishments ; in 1961 this had declined to 30,732, with only 154 or 0·50 per cent. in such establishments.

*Sex Distribution.*—The ratio of females to males in the Administrative County at the 1961 Census was 1,083 per 1,000, compared with 1,067 for England and Wales, and was the lowest since the Census of 1911 when 1,081 females were enumerated for every 1,000 males. The highest preponderance of females (1,105) was recorded in 1921, since when the proportion declined at successive enumerations to 1,104 in 1931, 1,090 in 1951 and 1,083 in 1961. As was pointed out in the Report for 1961 this trend has been common to most areas and to the country as a whole.

*Age Distribution.*—For the first time this century the Census of 1961 showed no appreciable variation in the average age of the population of the Administrative County as compared with the preceding enumeration. In 1901 the mean age was 27·0 years and it increased progressively at each subsequent census to 28·5 in 1911, 30·9 in 1921, 33·4 in 1931 and 36·3 in 1951. The effect of the rising birth rate of the following decade, supplemented by an influx of relatively young and highly reproductive overspill population, was sufficient, however, to offset the increasing numbers of aged persons in the community and a mean age of 36·3 years was again recorded at the 1961 Census. One of the most striking features of the age distribution, indeed, was the rise in the number of persons under 20 years of age—from 566,253 in 1951 to 666,804 in 1961. They represented 30·3 per cent. of the total population, the highest proportion since the Census of 1921. At the other end of the age scale, however, persons aged 60 to 79 inclusive increased in number from 306,907 (15·0 per cent.) in 1951 to 342,124 (15·6 per cent.) in 1961 and those aged 80 years and over from 24,241 (1·2 per cent.) to 37,380 (1·7 per cent.).

The aging process experienced by the population throughout the first half of the present century may be readily appreciated from the following diagrams which are proportionate in area to total population size and show for each census the proportionate distribution in twenty-year age groups within the Administrative County. The importance of the check upon this trend resulting from the expansion of population within the youngest group is equally apparent.





The proportions represented in the above diagrams are shown in the following table as percentages of the appropriate census population, which is also given :—

Age in years	1901	1911	1921	1931	1951	1961
0—	41·9	38·9	35·3	30·0	27·7	30·3
20—	33·8	33·9	31·9	32·6	27·8	25·1
40—	18·1	20·2	24·0	26·1	28·4	27·3
60—	5·9	6·7	8·3	10·7	15·0	15·6
80—	0·3	0·3	0·4	0·5	1·2	1·7
Total population	1,827,436	1,739,320	1,746,238	1,795,073	2,047,573	2,198,355

The table below sets out, in five-year groups, the age/sex distribution of the population of the Administrative County, the aggregate urban districts (including municipal boroughs) and the aggregate rural districts at the time of the Census, 1961.

Age last birthday	Administrative County			Urban Districts			Rural Districts		
	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females
All ages	2,198,355	1,055,398	1,142,957	1,875,271	897,514	977,757	323,084	157,884	165,200
0—4	177,547	91,377	86,170	151,357	77,963	73,394	26,190	13,414	12,776
5—9	161,043	82,722	78,321	138,379	70,993	67,386	22,664	11,729	10,935
10—14	180,816	92,469	88,347	155,738	79,620	76,118	25,078	12,849	12,229
15—19	147,398	74,768	72,630	125,888	63,605	62,283	21,510	11,163	10,347
20—24	125,249	60,708	64,541	106,327	51,338	54,989	18,922	9,370	9,552
25—29	131,421	65,423	65,998	110,457	54,973	55,484	20,964	10,450	10,514
30—34	141,198	70,593	70,605	118,787	59,120	59,667	22,411	11,473	10,938
35—39	154,078	76,712	77,366	131,317	65,217	66,100	22,761	11,495	11,266
40—44	143,039	69,424	73,615	121,993	58,984	63,009	21,046	10,440	10,606
45—49	154,329	74,830	79,499	131,511	63,534	67,977	22,818	11,296	11,522
50—54	158,179	76,567	81,612	134,701	65,039	69,662	23,478	11,528	11,950
55—59	144,554	68,800	75,754	123,750	58,692	65,058	20,804	10,108	10,696
60—64	121,005	53,043	67,962	103,890	45,349	58,541	17,115	7,694	9,421
65—69	97,938	39,733	58,205	84,103	33,939	50,164	13,835	5,794	8,041
70—74	74,125	28,359	45,766	63,546	24,064	39,482	10,579	4,295	6,284
75—79	49,056	17,558	31,498	41,882	14,798	27,084	7,174	2,760	4,414
80—84	26,188	8,847	17,341	22,320	7,451	14,869	3,868	1,396	2,472
85—89	9,248	2,952	6,296	7,720	2,423	5,297	1,528	529	999
90—94	1,733	463	1,270	1,444	373	1,071	289	90	199
95 & over	211	50	161	161	39	122	50	11	39

It will be seen from the above that there were 326,461 persons of pensionable age (males 65 years and over, females 60 years and over), amounting to 14·9 per cent. of the total population. Census information supplied for the first time in 1961 shows that virtually one-half (49·2 per cent.) of these lived either alone or with another person of pensionable age and one-fifth (19·2 per cent.) lived alone.

*Private and Non-private Households.*—Private households enumerated in the Administrative County totalled 718,452, but from 9,231 of these all persons were absent at the time the census was carried out. Persons present in the other 709,221 households numbered 2,143,158—an average of 3·02 per household and 0·66 per room. They represented 97·49 per cent. of the total population. Of such households 93·8 per cent. were accommodated in wholly residential premanent buildings containing one dwelling, 3·0 per cent. in permanent buildings not wholly residential but containing one dwelling, 2·9 per cent. in permanent buildings containing more than one dwelling and 0·3 per cent. in non-permanent dwellings. By tenure, 52·0 per cent. were owner occupiers, 2·8 per cent. were holding accommodation by virtue of employment, 1·3 per cent. were renting accommodation together with a farm or business premises, 22·6 per cent. were renting accommodation from a local authority and 21·3 per cent. were renting accommodation from a private person or company (unfurnished 19·5 per cent., furnished 1·8 per cent.).

Population in non-private households numbered 54,549 and amounted to 2·48 per cent. of the total population. They comprised 8,125 (0·37 per cent.) in hotels, etc., 18,748 (0·85 per cent.) in psychiatric hospitals, 11,179 (0·51 per cent.) in all other hospitals, 4,703 (0·21 per cent.) in homes for the old and/or disabled, 1,480 (0·07 per cent.) in children's homes, 3,187 (0·14 per cent.) in educational establishments, 1,029 (0·05 per cent.) in places of detention, 1,816 (0·08 per cent.) in defence establishments including naval vessels and service hospitals, 1,326 (0·06 per cent.) in civilian ships, boats and barges, and 2,956 (0·13 per cent.) in other miscellaneous communal establishments.

Not enumerated in either private or non-private households were 648 campers, vagrants, etc., who represented 0.03 per cent. of the total population.

**AVERAGE POPULATION DENSITIES.**—The following table gives the area, population, persons per acre and acres per person of the Administrative County as constituted on the 31st December, 1963, distributed among the non-county boroughs and the urban and rural districts :—

	* Area in acres 31.12.1963	Population		Persons per acre	Acres per person
		Census, 1961	Estimated home population mid-1963	Calculated on estimated home population	
Municipal Boroughs (26) ...	125,116	902,260	907,770	7.26	0.14
Urban Districts (69) ...	254,622	973,029	1,015,460	3.99	0.25
Rural Districts (14) ...	653,264	323,066	344,830	0.53	1.89
Administrative County (109) ...	1,033,002	2,198,355	2,268,060	2.20	0.46

\* As supplied by Ordnance Survey Department and given to the nearest acre.

**Summary of Vital Statistics, 1889-1963.**—The following table compares the County birth and death rates for the year 1963 with the previous year, and with the 74 years, 1889-1962, grouped in quinquennial periods :—

	Per 1,000 of estimated population				Maternal mortality rate per 1,000 total (live and still) births	Rate of deaths under one year per 1,000 live births
	Live birth rate	Crude death rate	Death rate from tuberculosis of respiratory system	†Death rate from cancer		
Mean of 5 years—						
1889-1892 (4 years) ... ..	30.60	19.02	*1.06	—	—	154
1893-1897 ... ..	29.42	18.03	1.25	—	—	161
1898-1902 ... ..	26.98	16.58	1.04	—	—	161
1903-1907 ... ..	25.32	14.82	0.89	0.66	—	138
1908-1912 ... ..	23.11	13.96	0.85	0.77	—	122
1913-1917 ... ..	19.75	14.35	0.93	0.99	—	110
1918-1922 ... ..	18.90	13.91	0.82	1.11	—	91
1923-1927 ... ..	15.98	12.44	0.66	1.25	—	79
1928-1932 ... ..	13.99	12.58	0.57	1.43	—	70
1933-1937 ... ..	13.39	12.78	0.47	1.54	4.98	62
1938-1942 ... ..	14.70	13.00	0.42	1.65	3.33	56
1943-1947 ... ..	18.29	12.97	0.39	1.85	1.98	48
1948-1952 ... ..	15.43	12.68	0.28	1.92	0.91	34
1953-1957 ... ..	14.94	12.67	0.13	2.07	0.91	27
1958-1962 ... ..	17.12	12.85	0.07	2.11	0.44	24
Year—						
1962 ... ..	18.28	12.85	0.06	2.10	0.38	24.0
1963 ... ..	18.28	12.69	0.05	2.11	0.28	23.3
Increase or decrease in 1963 on—						
Mean of 5 years,						
1958-62 ... ..	+1.16	—0.16	—0.02	nil	—0.16	—1.2
Previous year ... ..	nil	—0.16	—0.01	+0.01	—0.10	—0.7

\* Three years. † Includes, from 1950, deaths from Hodgkin's disease, leukaemia and aleukaemia.

*Note :* The death rates given in this Report for the County area and for the County districts are (except where otherwise stated) "unweighted" or "crude" rates, *i.e.*, they are neither "standardised" nor "corrected."

**Principal Vital Statistics relating to Mothers and Infants.**—In accordance with the requirements of the Ministry of Health certain statistics for 1963 relating to mothers and infants are set out below :—

Total live births registered ... ..	41,461
Live birth rate per 1,000 population—crude ... ..	18.28
Live birth rate per 1,000 population—adjusted ... ..	18.83
Proportion (per cent.) of illegitimate live births to total live births	4.77
Total stillbirths registered ... ..	748
Stillbirth rate per 1,000 total births ... ..	17.7
Total live births and stillbirths ... ..	42,209



Total infant deaths (under one year) registered	...	...	...	966
Infant mortality rate per 1,000 live births	...	...	...	23.3
Mortality rate of legitimate infants per 1,000 legitimate live births				22.9
Mortality rate of illegitimate infants per 1,000 illegitimate live births				30.9
Neo-natal mortality (deaths under four weeks) rate per 1,000 live births	...	...	...	16.1
Early neo-natal mortality (deaths under one week) rate per 1,000 live births	...	...	...	14.1
Perinatal mortality (stillbirths and deaths under one week) rate per 1,000 <i>total</i> births	...	...	...	31.6
Total maternal deaths (including deaths from abortion)	...	...		12
Maternal mortality rate per 1,000 <i>total</i> births	...	...	...	0.28

**Births and Birth Rates.**—**LIVE BIRTHS.**—The number of infants born alive in 1963 to mothers normally resident in the Administrative County area was for the second successive year the highest for half a century. The 41,461 live births registered exceeded the total for the previous year by 546 and the annual average for the preceding 10 years by no less than 7,314. Their sex distribution is given below, together with the corresponding figures for each of the previous 10 years :—

Year	Urban Districts			Rural Districts			Administrative County		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
1953	13,373	12,423	25,796	2,296	2,100	4,396	15,669	14,523	30,192
1954	12,862	12,142	25,004	2,178	2,071	4,249	15,040	14,213	29,253
1955	12,922	12,219	25,141	2,389	2,235	4,624	15,311	14,454	29,765
1956	13,771	13,084	26,855	2,598	2,404	5,002	16,369	15,488	31,857
1957	14,467	13,772	28,239	2,833	2,683	5,516	17,300	16,455	33,755
1958	15,063	14,301	29,364	2,578	2,481	5,059	17,641	16,782	34,423
1959	15,943	14,785	30,728	2,596	2,358	4,954	18,539	17,143	35,682
1960	16,295	15,460	31,755	2,789	2,593	5,382	19,084	18,053	37,137
1961	16,924	15,854	32,778	2,909	2,803	5,712	19,833	18,657	38,490
1962	17,865	16,963	34,828	3,114	2,973	6,087	20,979	19,936	40,915
1963	18,203	16,933	35,136	3,304	3,021	6,325	21,507	19,954	41,461

It will be noted from the above figures for 1962 and 1963 that almost the whole of the increase in live births during the year under report occurred amongst males. The resultant ratio of 1,078 males for every 1,000 females was, indeed, unusually high but in the period covered by the table proportions in excess had been recorded on two earlier occasions — in 1953 (1,079) and in 1959 (1,081).

The number of registered live births assigned to each County district and the corresponding crude and adjusted rates are given in Table 2, pages 156 to 163.

The 41,461 live births assigned to the Administrative County in 1963 were equivalent to a rate of 18.28 per 1,000 of the estimated home population, the same as that recorded in the previous year and a level not previously surpassed since 1947. Compared with the average for the five years, 1958-62, it represented an increase of 1.16 per 1,000.

As a matter of interest the crude live birth rates of the Administrative County, the total urban districts and the total rural districts for the quinquennia since 1889 and for each of the last 54 years are given in Table 1, page 155.

**Adjusted Birth Rates.**—Local birth rates are usually expressed as proportions of total populations. The populations generally used for such statistical purposes are estimated by the Registrar General and, comprising persons of all ages, naturally include many who can have no influence on the reproductive process but do affect the birth rate in that a preponderance of them in the population of an area tends to lower, and a small proportion of them to raise, the true rate. Considerable variation in the size of this proportion in different areas does, in fact, exist and it is therefore apparent that the elimination of such a factor must be effected before a reasonably true comparison can be made, between areas, of those influences having a direct bearing upon reproductivity. A result on these lines is obtained through the compilation and issue by the Registrar General of a comparability factor for each area for use with birth rates, and the adjusted birth rate resulting from the multiplica-

tion of the crude birth rate of an area by its comparability factor may be regarded as being comparable with the adjusted rate of any other area or with the crude rate for England and Wales. In the factors for 1957 and subsequent years an adjustment was made by the Registrar General to take account of the presence in each area of sterile population in institutions for the mentally ill or mentally sub-normal.

The comparability factor for each County district is given in Table 3, page 164. The factors for both the Administrative County and the aggregate urban districts increased from unity to 1.03 but that for the aggregate rural districts declined from 1.02 to 0.99. The effect of the factors upon the crude live birth rates for each of the last 10 years may be seen in the following table, which also gives the corresponding live birth rates for England and Wales.

	Live birth rate per 1,000 of the estimated home population									
	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
Urban Districts :										
Crude ... ..	14.33	14.31	15.19	15.89	16.17	16.67	17.05	17.41	18.29	18.27
Adjusted ... ..	14.76	14.74	15.49	16.21	16.49	16.84	17.05	17.41	18.29	18.82
Rural Districts :										
Crude ... ..	13.81	14.86	15.49	16.56	16.18	16.08	17.19	17.65	18.23	18.34
Adjusted ... ..	15.19	16.34	16.42	17.39	16.83	17.21	18.22	18.35	18.60	18.16
Administrative County :										
Crude ... ..	14.25	14.39	15.24	16.00	16.17	16.59	17.07	17.45	18.28	18.28
Adjusted ... ..	14.82	14.97	15.69	16.32	16.49	16.75	17.24	17.45	18.28	18.83
England and Wales ... ..	15.2	15.0	15.6	16.1	16.4	16.5	17.1	17.4	18.0	*18.2

\* Provisional figure.

In recent years the adjusted live birth rate for the Administrative County has been above that for England and Wales and the difference between the two in 1963 was considerably greater than usual.

*Illegitimate Live Births.*—The number of births of illegitimate children registered during 1963 and belonging to the Administrative County is shown below, together with that for each of the previous 10 years :—

Year	No. of illegitimate live births	Increase or decrease on previous year	Percentage increase or decrease on previous year	Percentage of total live births
1953	1,056	— 53	— 4.8	3.50
1954	991	— 65	— 6.2	3.39
1955	1,047	+ 56	+ 5.7	3.52
1956	1,140	+ 93	+ 8.9	3.58
1957	1,241	+ 101	+ 8.9	3.68
1958	1,142	— 99	— 8.0	3.32
1959	1,296	+ 154	+ 13.5	3.63
1960	1,365	+ 69	+ 5.3	3.68
1961	1,565	+ 200	+ 14.7	4.07
1962	1,840	+ 275	+ 17.6	4.50
1963	1,976	+ 136	+ 7.4	4.77

There was a further rise in the rate of illegitimacy amongst live births in 1963, the ratio of 4.77 per cent. representing an increase of 0.27 per cent. over that for the previous year and of 0.91 per cent. over the average for the preceding five years, 1958-62. It was, in fact, only 0.01 per cent. less than the rate for the war years, 1940-45. It is worthy of mention, however, that this, the highest illegitimacy rate for the Administrative County area since 1946, was only slightly above the lowest level recorded for the country as a whole during the same period.

*STILLBIRTHS.*—Despite the appreciable increase in live births assigned to the Administrative County in 1963, there were 75 fewer stillbirths than in the previous year, the total of 748 representing a record low rate of 17.7 per 1,000 total births. This was 1.9 per thousand less than the previous lowest achieved in 1961 and 3.7 per thousand below the average for the five years, 1958-62. On the other hand it again compared unfavourably with the corresponding provisional rate for England and Wales—by a margin of 0.4 per 1,000. Expressed in terms of home population the stillbirth rate for the Administrative County was 0.33 per 1,000 and that for the whole country 0.32.

The variation in the stillbirth rates at County district level is shown in Table 2, pages 156 to 163.



**Deaths and Death Rates.**—Registered deaths assigned to the Administrative County in 1963 numbered 28,775, eleven more than in the previous year. Their distribution by sex is shown below, together with that for each of the preceding five years :—

Year	Urban Districts			Rural Districts			Administrative County		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
1958	12,088	11,441	23,529	2,028	1,795	3,823	14,116	13,236	27,352
1959	11,810	11,777	23,587	1,965	1,733	3,698	13,775	13,510	27,285
1960	11,769	11,617	23,386	1,966	1,928	3,894	13,735	13,545	27,280
1961	12,794	12,440	25,234	2,039	2,086	4,125	14,833	14,526	29,359
1962	12,458	12,086	24,544	2,234	1,986	4,220	14,692	14,072	28,764
1963	12,427	12,133	24,560	2,204	2,011	4,215	14,631	14,144	28,775

The following table analyses by age group the deaths assigned to the Administrative County in each of the last 10 years :—

Year	Deaths in age periods										Total
	0—	1—	5—	15—	25—	35—	45—	55—	65—	75—	
1954	846	101	156	203	1,138		6,265		7,542	9,695	25,946
1955	791	135	154	164	1,128		6,545		7,545	10,319	26,781
1956	867	120	122	183	1,072		6,490		7,511	10,233	26,598
1957	850	159	148	177	1,068		6,727		7,668	10,311	27,108
1958	881	122	128	191	1,062		6,618		7,635	10,715	27,352
1959	844	125	135	237	960		6,577		7,695	10,712	27,285
1960	929	144	123	181	970		6,661		7,470	10,802	27,280
1961	927	116	137	202	965		6,978		8,264	11,770	29,359
1962	984	126	132	206	995		6,883		7,916	11,522	28,764
1963	966	143	144	201	256	766	2,005	4,923	7,879	11,492	28,775

The 966 deaths of infants aged less than one year represented the lowest mortality ever recorded, related as they were to the largest infant population for many years. On the other hand mortality at ages of 1-4 years inclusive was greater than in the two preceding years. Taken together, however, they produced a rate of 5.70 per 1,000 children aged under five years—the lowest ever. Amongst the adult groups there was little variation as compared with 1962, small reductions in the numbers of deaths in the two oldest groups being approximately balanced by increases in the younger groups. Of all deaths during 1963, 91.4 per cent. occurred at ages of 45 years or over, 67.3 per cent. at 65 years or over and 39.9 per cent. at 75 years or over.

A classified statement of the causes of death in 1963, by age group and sex, for the Administrative County and the aggregates of urban and rural districts is given in Table 5, pages 170 and 171. Details of the deaths in the various sanitary districts, classified according to the Short List based by the Registrar General on the Seventh Revision of the International Lists, are given in Table 4, pages 165 to 169, and total deaths by sex are shown for each district in Table 2, pages 156 to 163.

The 28,775 deaths assigned to the Administrative County in 1963 were equivalent to a crude rate of 12.69 per 1,000 of the estimated home population, 0.16 per 1,000 less than both the corresponding rate for the previous year and the average for the preceding five years, 1958-62. The crude death rates for each of the last 54 years and the quinquennial averages since 1889 for the Administrative County and the aggregates of the urban and rural districts are given in Table 1, page 155.

**Adjusted Death Rates.**—Populations of districts or areas are not similarly constituted, either by age or sex, and their crude death rates fail as comparative mortality indexes in that variations between them reflect not only a differing mortality experience but also a differing population constitution. It is therefore necessary to identify and allow for the population variable and in practice this is achieved by the calculation and supply to each area by the Registrar General of an area comparability factor. The adjusted death rate resulting from the multiplication of the crude death rate of an area by its comparability factor may be regarded as comparable with the adjusted rate of another area or with the crude rate for England and Wales. The comparability factor for each County district is given in Table 3 on page 164, whilst the crude and adjusted rates are shown in Tables 2, pages 156 to 163.

Compared with those for the previous year the factors for 1963 declined—to 1·09 for the Administrative County, 1·10 for the aggregate of the urban districts and 0·98 for the rural districts. Their effect upon the crude rates for 1963 may be seen in the following table which shows, for the Administrative County and for the urban and rural areas, both the crude and adjusted rates for each of the last 10 years. The death rates for England and Wales are also given.

	Death rate per 1,000 of the estimated population									
	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
Urban Districts :										
Crude ... ..	12·80	13·19	12·96	13·11	12·95	12·80	12·55	13·40	12·89	12·77
Adjusted ... ..	13·06	13·45	13·86	14·16	13·99	14·08	13·93	15·01	14·44	14·05
Rural Districts :										
Crude ... ..	11·72	11·60	11·43	11·45	12·23	12·01	12·43	12·74	12·64	12·22
Adjusted ... ..	12·31	12·18	12·34	12·48	12·84	12·01	12·68	13·13	13·02	11·98
Administrative County :										
Crude ... ..	12·64	12·95	12·72	12·85	12·85	12·68	12·54	13·31	12·85	12·69
Adjusted ... ..	12·89	13·21	13·74	14·00	13·87	13·83	13·79	14·77	14·27	13·83
England and Wales ... ..	11·3	11·7	11·7	11·5	11·7	11·6	11·5	12·0	11·9	*12·2

\* Provisional figure.

PRINCIPAL CAUSES OF DEATH.—Between 60 and 70 per cent. of all deaths each year are classified to causes falling within three main groups—heart disease, cancer and vascular lesions of the nervous system. The relative importance of these and of the other principal causes of death in 1963 is shown in the following table :—

Cause of death	No. of deaths	Percentage of total deaths
Heart disease (all forms) ... ..	9,740	33·8
Cancer (including Hodgkin's disease, leukaemia and aleukaemia) ... ..	4,780	16·6
Vascular lesions of nervous system ... ..	4,476	15·6
Bronchitis ... ..	1,802	6·3
Pneumonia (including pneumonia of newborn) ... ..	1,419	4·9
Other circulatory disease ... ..	1,280	4·4
Violence (including all accidents, suicide and homicide) ... ..	1,237	4·3
Congenital malformations ... ..	257	0·9

More detailed information on the chief causes of death is given in the following paragraphs under their respective headings.

HEART DISEASES.—The deaths classified to the heart diseases as grouped in the Registrar General's Short List and assigned to the Administrative County in 1963 are shown in the following table, together with the resultant death rates per 1,000 of the estimated home population and the corresponding figures for the previous five years.

Year	Coronary disease, angina		Hypertension with heart disease		Other heart disease		Total— all forms	
	No. of deaths	Death rate	No. of deaths	Death rate	No. of deaths	Death rate	No. of deaths	Death rate
1958	4,477	2·10	628	0·29	4,498	2·11	9,603	4·51
1959	4,393	2·04	552	0·26	3,929	1·83	8,874	4·13
1960	4,803	2·21	542	0·25	4,084	1·88	9,429	4·33
1961	5,218	2·37	562	0·25	4,125	1·87	9,905	4·49
1962	5,371	2·40	538	0·24	3,911	1·75	9,820	4·39
1963	5,551	2·45	493	0·22	3,696	1·63	9,740	4·29



Within a total heart disease mortality which, during the last 15 years, has fluctuated without any discernible trend, there was a continuation during 1963 of the increase in mortality from "coronary disease, angina" and the decline in mortality from "other heart disease" which have been noted throughout this period. Respectively the rates for these cause groups were the highest and the lowest to be recorded since the introduction of the separate classification in 1950. During the latter half of this period, also, there has been an almost continuous decline in mortality from hypertension with heart disease, the rate of 0.22 per 1,000 being the lowest so far recorded.

The distribution by age group and sex of the deaths classified to "coronary disease, angina" annually since 1950 is given below :—

Year	Deaths, by age groups, classified to coronary disease, angina											
	Under 45			45—			65—			75—		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1950	49	13	62	734	221	955	658	368	1,026	365	283	648
1951	54	10	64	791	231	1,022	711	444	1,155	390	283	673
1952	53	13	66	817	263	1,080	743	440	1,183	443	340	783
1953	64	11	75	803	275	1,078	735	448	1,183	399	377	776
1954	83	19	102	899	222	1,121	761	474	1,235	486	398	884
1955	56	12	68	914	277	1,191	814	501	1,315	515	435	950
1956	86	14	100	1,005	286	1,291	829	519	1,348	531	504	1,035
1957	73	12	85	1,028	284	1,312	850	577	1,427	553	528	1,081
1958	99	13	112	1,112	341	1,453	939	619	1,558	702	652	1,354
1959	86	15	101	1,115	359	1,474	928	619	1,547	613	658	1,271
1960	87	12	99	1,229	374	1,603	975	689	1,664	654	783	1,437
1961	103	20	123	1,354	324	1,678	1,082	749	1,831	756	830	1,586
1962	119	26	145	1,383	405	1,788	1,155	697	1,852	737	849	1,586
1963	123	21	144	1,437	414	1,851	1,172	763	1,935	748	873	1,621

The variation in crude mortality from all forms of heart disease in the Administrative County during the past 20 years is shown in the following table :—

Year	No. of deaths	Crude death rate per 1,000 population	Year	No. of deaths	Crude death rate per 1,000 population
1944	6,311	3.43	1954	8,772	4.27
1945	6,641	3.62	1955	9,017	4.36
1946	6,873	3.57	1956	8,948	4.28
1947	7,420	3.78	1957	9,051	4.29
1948	7,148	3.56	1958	9,603	4.51
1949	8,328	4.12	1959	8,874	4.13
1950	9,145	4.47	1960	9,429	4.33
1951	9,543	4.68	1961	9,905	4.49
1952	8,579	4.20	1962	9,820	4.39
1953	8,326	4.07	1963	9,740	4.29

The numbers of deaths classified to the three groups of heart diseases and assigned to each County district in 1963 are shown in Table 4, pages 165 to 169. Table 5, pages 170 and 171, shows the total by age group and sex for the aggregate urban districts, the aggregate rural districts and the Administrative County.

MALIGNANT NEOPLASMS, INCLUDING NEOPLASMS OF LYMPHATIC AND HAEMATOPOIETIC TISSUES.—  
This group of causes is included in the Registrar General's Short List under the headings used in the table below, which gives particulars of deaths assigned to the Administrative County in each of the years 1958-63 :—

Year	Sex	Malignant neoplasm—				Other malignant and lymphatic neoplasms	Leukaemia, aleukaemia	Total— all forms
		Stomach	Lung, bronchus	Breast	Uterus			
1958	M.	394	745	3	—	1,122	61	2,325
	F.	341	128	398	222	972	44	2,105
	T.	735	873	401	222	2,094	105	4,430
1959	M.	424	780	3	—	1,082	52	2,341
	F.	342	112	399	205	1,008	59	2,125
	T.	766	892	402	205	2,090	111	4,466
1960	M.	402	818	3	—	1,138	67	2,428
	F.	349	129	402	188	1,043	53	2,164
	T.	751	947	405	188	2,181	120	4,592
1961	M.	449	858	3	—	1,172	60	2,542
	F.	347	127	399	194	1,171	49	2,287
	T.	796	985	402	194	2,343	109	4,829
1962	M.	410	861	5	—	1,164	69	2,509
	F.	300	144	400	210	1,063	66	2,183
	T.	710	1,005	405	210	2,227	135	4,692
1963	M.	384	915	3	—	1,143	77	2,522
	F.	300	167	466	201	1,066	58	2,258
	T.	684	1,082	469	201	2,209	135	4,780

Increases in the numbers of deaths in 1963 due to cancer of the lung and of the breast were only partially offset by reductions in those classified to the stomach, uterus and "other forms", the total for all forms being 88 greater than that for the previous year and 178 more than the annual average of the preceding five years. As will be seen from the above table the increases were considerable, particularly for malignant neoplasms of the breast, and the totals for both lung and breast were the highest recorded under the current classification short list. On the other hand, the 684 deaths from cancer of the stomach were the lowest.

The 1,082 deaths due to cancer of the lung were equivalent to a rate of 0.48 per 1,000 of the estimated home population, 0.04 per thousand less than the corresponding provisional rate for England and Wales. All forms other than that of the lung produced a mortality rate of 1.63 per 1,000, which also compared favourably with the corresponding provisional rate of 1.66 for the whole country.

Of the total deaths from all causes assigned to the Administrative County in 1963 the 4,780 classified to all forms of cancer amounted to 16.6 per cent. and were equivalent to a rate of 2.11 per 1,000 of the estimated population. This was 0.01 per 1,000 above the rate for the previous year but coincided with the average for the preceding five years, 1958-62. The movement during the last 10 years of the crude rates for the Administrative County and for its constituent grouped urban and rural areas is shown in the following table, together with the corresponding rates for England and Wales :—

Year	Mortality rate from cancer (all forms) per 1,000 of estimated home population			
	Urban Districts	Rural Districts	Administrative County	England and Wales
1954	2.08	1.75	2.03	2.04
1955	2.12	1.66	2.05	2.06
1956	2.15	1.74	2.09	2.08
1957	2.18	1.84	2.13	2.09
1958	2.11	1.91	2.08	2.12
1959	2.11	1.90	2.08	2.14
1960	2.15	1.90	2.11	2.16
1961	2.22	2.02	2.19	2.16
1962	2.09	2.12	2.10	2.18
1963	2.16	1.81	2.11	*2.18

\* Provisional figure.



The numbers of deaths assigned to each County district and classified to the six groups of causes comprising the above heading are given in Table 4, pages 165 to 169. The totals classified to the same groups for the aggregate urban districts, the aggregate rural districts and the Administrative County are analysed by sex and age group in Table 5, pages 170 and 171.

**VASCULAR LESIONS OF THE NERVOUS SYSTEM.**—Deaths ascribed to vascular lesions of the nervous system and assigned to the Administrative County during 1963 numbered 4,476, an increase of 129 over the total for the previous year. The resultant rate of 1·97 per 1,000 of the estimated home population was 0·03 greater than the corresponding rate for the previous year and 0·02 above the rate for the preceding five years, 1958-62. Of the total deaths from all causes vascular lesions of the nervous system accounted for 15·6 per cent.

The distribution by age group and sex of the deaths classified to this cause and assigned to the Administrative County in 1963 and each of the preceding five years is given in the following table :—

Year	Age in years														
	0—			45—			65—			75—			All ages		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1958	33	32	65	362	342	704	560	735	1,295	785	1,262	2,047	1,740	2,371	4,111
1959	34	37	71	363	369	732	598	800	1,398	834	1,310	2,144	1,829	2,516	4,345
1960	35	41	76	350	351	701	552	723	1,275	760	1,323	2,083	1,697	2,438	4,135
1961	29	33	62	347	356	703	587	755	1,342	796	1,427	2,223	1,759	2,571	4,330
1962	31	28	59	343	344	687	610	689	1,299	842	1,460	2,302	1,826	2,521	4,347
1963	41	34	75	413	346	759	595	732	1,327	803	1,512	2,315	1,852	2,624	4,476

The deaths from vascular lesions of the nervous system assigned to each County district during 1963 are shown in Table 4, pages 165 to 169, and the totals for the aggregate urban districts, the aggregate rural districts and the Administrative County are given by sex and age group in Table 5, pages 170 and 171.

**BRONCHITIS.**—For the second successive year there was in 1963 a reduction in mortality from bronchitis, the 1,802 deaths so classified being seven fewer than in 1962. Nevertheless, the resultant mortality rate of 0·79 per 1,000, although constituting an improvement of 0·02 over the corresponding rate for the previous year, was still 0·02 per 1,000 in excess of that for the preceding five years, 1958-62. Of the 1,802 deaths, which amounted to 6·3 per cent. of the total from all causes, 1,246 or 69·1 per cent. were of persons aged 65 years or over.

**PNEUMONIA.**—In 1963 there was a further rise above the high mortality level of 1962, the 1,419 deaths from pneumonia being 60 more than the total for the previous year and 222 more than the annual average for the preceding five years, 1958-62. The equivalent rate of 0·63 per 1,000 of the estimated home population superseded that of the previous year as the highest recorded since 1940. Of the 1,419 deaths, which amounted to 4·9 per cent. of the total from all causes, 1,026 or 72·3 per cent. were of persons aged 65 years or over and a further 147 or 10·4 per cent. occurred amongst infants under one year of age.

**OTHER CIRCULATORY DISEASES.**—This classification, which covers all diseases of the circulatory system with the exception of the heart diseases mentioned earlier, accounted for 1,280 deaths in 1963, an increase of 46 over the total for the previous year and 65 more than the annual average for the preceding five years, 1958-62. They amounted to 4·4 per cent. of the total deaths from all causes and were equivalent to a rate of 0·56 per 1,000 of the estimated home population. This group of causes is the one most closely associated with old age and in 1963 persons aged 65 years or over accounted for 83·3 per cent. of the total deaths classified thereto.

**VIOLENCE.**—Deaths from violence are divided into four groups in the Registrar General's Short List of 36 Causes of Death—motor vehicle accidents, all other accidents, suicide, and homicide and operations of war. The deaths thus classified and assigned to the Administrative County in 1963 and the five preceding years are shown in the following table :—

Year	Motor vehicle accidents			All other accidents			Suicide			Homicide and operations of war			Total— all forms		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1958	201	67	268	360	301	661	191	113	304	12	5	17	764	486	1,250
1959	214	101	315	332	330	662	170	120	290	10	6	16	726	557	1,283
1960	222	107	329	261	374	635	160	109	269	10	1	11	653	591	1,244
1961	218	99	317	278	296	574	145	132	277	12	3	15	653	530	1,183
1962	210	85	295	274	326	600	181	114	295	10	1	11	675	526	1,201
1963	235	93	328	324	326	650	135	109	244	8	7	15	702	535	1,237

It will be seen from the above analysis that, although there was a large reduction in the number of deaths by suicide in 1963 as compared with the previous year, this was insufficient to offset the increase in accidental deaths. In consequence, there was a slight rise in mortality from all forms of violence, the 1,237 deaths producing a rate of 0.55 per 1,000 of the estimated home population as compared with 0.54 in 1962.

The 328 deaths resulting from motor vehicle accidents were 33 more than in 1962 and 23 more than the annual average for the preceding five years but corresponded to a mortality rate which, although 0.01 per 1,000 above that for the previous year, coincided with the average of 0.14 per 1,000 of the estimated home population for the five years, 1958-62.

Accidents other than motor vehicle accidents in 1963 were responsible for 650 deaths, the increase of 50 over the corresponding total for the previous year being wholly limited to the male sex. The resultant mortality rate of 0.29 per 1,000 of the estimated home population was 0.02 above that for 1962 but, even so, was not unduly high in relation to the annual rates of the preceding 10 years.

The 244 deaths by suicide were 51 fewer than in 1962 and both this total and the corresponding rate of 0.11 per 1,000 of the estimated home population were the lowest recorded in the Administrative County for 10 years.

**CONGENITAL MALFORMATIONS.**—Congenital malformations were responsible for 257 deaths in 1963, a decrease of 20 as compared with 1962. In terms of home population at all ages they were equivalent to a rate of 0.11 per 1,000—0.01 per thousand less than that for the previous year. Of the 257 deaths, 176 or 68.5 per cent. occurred at ages under one year and represented a rate of 4.2 per 1,000 infants born alive, an improvement of 0.5 per 1,000 over the corresponding rate for 1962. Of 966 infant deaths from all causes in 1963, the 176 classified to congenital malformations amounted to 18.2 per cent.

**TRANSFERABLE DEATHS.**—During the year under review, the following transfers were made—10,753 persons, having a fixed or usual place of residence in the Administrative County, died in a district other than that in which they resided and these deaths (known as inward transfers) were assigned to their proper districts; 7,891 deaths occurring in County districts of persons not belonging thereto were transferred to the areas to which they belonged.

**MATERNAL MORTALITY.**—Fewer deaths assignable to the Administrative County were classified in 1963 to “pregnancy, childbirth, abortion” than in any other year. Four less than the previous lowest total, recorded in 1962, the 12 maternal deaths represented a relatively large numerical decrease which is all the more gratifying in that it was coincident with the highest number of births for many years. The resultant mortality rate of 0.28 per 1,000 total births was by a considerable margin the lowest ever recorded. As will be seen from the following table, which shows the trend of maternal mortality in the Administrative County and England and Wales during the decade prior to the year under report, the reduction in mortality in 1963 was proportionately greater in the Administrative County than in the country as a whole.

Year	Administrative County			England and Wales
	No. of total births (live and still)	No. of maternal deaths	Mortality per 1,000 total births	Mortality per 1,000 total births
1953	30,957	37	1.20	0.71
1954	30,052	25	0.83	0.65
1955	30,558	37	1.21	0.59
1956	32,710	17	0.52	0.52
1957	34,608	19	0.55	0.45
1958	35,243	16	0.45	0.43
1959	36,502	19	0.52	0.38
1960	37,990	17	0.45	0.39
1961	39,260	15	0.38	0.33
1962	41,738	16	0.38	0.35
1963	42,209	12	0.28	*0.28

\* Provisional figure.

Whilst the Registrar General in his Short List groups all deaths from maternal causes under the one heading, “pregnancy, childbirth, abortion,” the 12 deaths so classified amongst residents of the Administrative County during 1963 can be identified in local records, and the following statement



analyses them by cause in accordance with the International Lists and compares them with the corresponding analysis for the previous year :—

Cause of death						No. of deaths	
						1962	1963
<i>Complications of pregnancy—</i>							
Toxaemias of pregnancy (642)	...	...	...	...	...	3	2
Other haemorrhage of pregnancy (644)	...	...	...	...	...	1	—
Other complications arising from pregnancy (648)	...	...	...	...	...	1	—
<i>Abortion—</i>							
Abortion without mention of sepsis or toxaemia (650)	...	...	...	...	...	1	—
Abortion with sepsis (651)	...	...	...	...	...	2	—
Abortion with toxaemia, without mention of sepsis (652)	...	...	...	...	...	—	1
<i>Delivery without mention of complication (660)</i>	...	...	...	...	...	—	1
<i>Delivery with specified complication—</i>							
Delivery complicated by placenta praevia or antepartum haemorrhage (670)	...	...	...	...	...	2	1
Delivery complicated by other postpartum haemorrhage (672)	...	...	...	...	...	1	—
Delivery complicated by abnormality of bony pelvis (673)	...	...	...	...	...	1	—
Delivery complicated by disproportion or malposition of foetus (674)	...	...	...	...	...	1	—
Delivery complicated by prolonged labour of other origin (675)	...	...	...	...	...	—	1
Delivery with other complications of childbirth (678)	...	...	...	...	...	—	3
<i>Complications of the puerperium—</i>							
Puerperal phlebitis and thrombosis (682)	...	...	...	...	...	2	1
Puerperal pulmonary embolism (684)	...	...	...	...	...	1	—
Puerperal eclampsia (685)	...	...	...	...	...	—	1
Other and unspecified complications (688)	...	...	...	...	...	—	1
TOTAL—all causes						16	12

*Investigation of Maternal Deaths.*—Under instructions of the Minister of Health each death of a woman which has any association with childbirth must be investigated and, in the County area, such investigations are carried out by the divisional medical staffs. A confidential report on the facts and circumstances of each fatality is forwarded to the Ministry of Health.

*Infant Mortality.*—Although over 500 more infants were born alive in 1963 than in 1962 the number of deaths at ages under one year declined from 984 to 966. The equivalent infant mortality rate of 23·3 per 1,000 live births was the lowest on record. It represented an improvement of 0·4 per 1,000 over the previous lowest rate—that for 1959—and of 1·2 per 1,000 over the rate for the preceding five years, 1958-62. Of the total deaths at all ages the 966 infant deaths amounted to 3·4 per cent.

The following table shows the County, urban and rural infant death rates for 1963 and the preceding 10 years, together with those for England and Wales. All are rates per 1,000 live births registered during the year with the exception of those for England and Wales for the years 1953-56 inclusive, which are based on *related* live births.

				Rate of deaths of children under 1 year per 1,000 live births										
				1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
Urban Districts	...	...	...	28·9	29·0	25·9	27·3	25·3	25·5	23·8	25·4	24·9	24·9	24·1
Rural Districts	...	...	...	30·5	28·7	30·1	26·6	24·5	26·3	22·8	22·7	19·4	19·1	18·8
Administrative County	...	...	...	29·1	28·9	26·6	27·2	25·2	25·6	23·7	25·0	24·1	24·0	23·3
England and Wales	...	...	...	26·8	25·4	24·9	23·7	23·1	22·6	22·2	21·9	21·6	21·6	*20·9

\* Provisional figure.

The movement of the infant mortality rate since 1889, the first year for which County statistics are available, is shown in Table 1, page 155.

**MORTALITY OF ILLEGITIMATE INFANTS.**—The following table shows the differential incidence of mortality during 1963 and the preceding five years amongst legitimate and illegitimate infants under one year of age in the urban and rural districts and the Administrative County :—

Year	Mortality per 1,000 live births								
	Urban Districts			Rural Districts			Administrative County		
	Legitimate infants	Illegitimate infants	Total	Legitimate infants	Illegitimate infants	Total	Legitimate infants	Illegitimate infants	Total
1958	25·7	18·8	25·5	25·8	46·5	26·3	25·7	21·9	25·6
1959	23·5	31·0	23·8	22·6	29·4	22·8	23·4	30·9	23·7
1960	25·0	35·6	25·4	22·8	19·0	22·7	24·7	33·7	25·0
1961	24·3	39·2	24·9	18·1	58·2	19·4	23·3	41·5	24·1
1962	24·7	29·4	24·9	18·8	28·9	19·1	23·8	29·3	24·0
1963	23·8	29·9	24·1	18·2	40·7	18·8	22·9	30·9	23·3

**NEO-NATAL MORTALITY.**—Deaths of infants at ages under four weeks declined by 38 from 705 in 1962 to 667 in 1963. They represented 69·0 per cent. of the total infant deaths and were equivalent to a neo-natal mortality rate of 16·1 per 1,000 live births. Like the total infant mortality rate for the Administrative County it was the lowest on record, being 0·6 per 1,000 below the previous lowest achieved in 1959.

The neo-natal mortality rates for the Administrative County and the aggregates of the urban and rural districts for 1963 and each of the preceding 10 years are given in the following table together with the corresponding rates for England and Wales.

				Rate of deaths of children aged less than four weeks per 1,000 live births										
				1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
Urban Districts	...	...	...	19·9	20·6	18·8	19·3	17·7	18·3	16·5	17·4	17·5	17·8	16·6
Rural Districts	...	...	...	23·2	21·2	21·0	19·0	17·4	18·2	17·8	17·8	16·1	14·1	13·0
Administrative County	...	...	...	20·4	20·6	19·2	19·2	17·6	18·2	16·7	17·5	17·3	17·2	16·1
England and Wales	...	...	...	17·7	17·7	17·3	16·8	16·5	16·2	15·8	15·6	15·5	15·1	*14·2

\* Provisional figure.

**EARLY NEO-NATAL MORTALITY.**—The number of infants dying during their first week of life and assigned to the Administrative County in 1963 was 586, a decrease of 30 from the corresponding total for the previous year. They produced an early neo-natal mortality rate of 14·1 per 1,000 live births, the lowest since 1959 when the same rate was recorded.

**CAUSES OF INFANT AND NEO-NATAL DEATHS.**—No classification by cause is provided by the Registrar General for the registered neo-natal and early neo-natal deaths assigned to local areas, and a reference to Table 5, page 170, shows that the group classifications of the Registrar General's Short List of 36 Causes are unsatisfactory for the analysis of deaths at ages under one year, considerably more than a half of such infant deaths being shown to be due to "other defined and ill-defined diseases." A more satisfactory classification of the causes of infant and neo-natal mortality is available, however, from departmental records, although three factors operate against an exact agreement of the deaths analysed locally with those included in the Registrar General's analysis—(i) the local analysis relates to deaths *occurring* during the calendar year, the latter to deaths *registered*; (ii) the former analysis may be deficient in isolated instances of deaths in hospital which may not have been brought to the notice of the appropriate divisional medical officer; (iii) the difficulty inherent in most qualitative analyses, that of accurate classification, is particularly great in respect of causes of death in that reference back to the certifying practitioner cannot normally be made by the County authority in cases of inadequate certification.



Compared with the 586 early neo-natal, 667 neo-natal and 966 infant deaths registered in 1963 and assigned by the Registrar General to the Administrative County the local analyses show respective totals of 582, 662 and 960. These were classified by cause group as follows :—

Cause of death							Early neo-natal deaths		Neo-natal deaths		Infant deaths
Whooping cough	...	...	...	...	...	...	—	...	—	...	2
Measles	...	...	...	...	...	...	—	...	—	...	5
Influenza	...	...	...	...	...	...	—	...	—	...	3
Pneumonia	...	...	...	...	...	...	19	...	33	...	143
Bronchitis	...	...	...	...	...	...	1	...	1	...	29
Other diseases of respiratory system	...	...	...	...	...	...	1	...	1	...	4
Gastritis, enteritis and diarrhoea	...	...	...	...	...	...	—	...	4	...	23
Congenital malformations	...	...	...	...	...	...	73	...	113	...	167
Monstrosity	...	...	...	...	...	...	13	...	13	...	13
Spina bifida and meningocele	...	...	...	...	...	...	10	...	23	...	40
Congenital hydrocephalus	...	...	...	...	...	...	3	...	3	...	5
Others of nervous system and sense organs	...	...	...	...	...	...	1	...	1	...	1
Of circulatory system	...	...	...	...	...	...	27	...	49	...	74
Of digestive system	...	...	...	...	...	...	5	...	7	...	12
Of genito-urinary system	...	...	...	...	...	...	1	...	1	...	4
Of bone and joint	...	...	...	...	...	...	1	...	1	...	1
Other	...	...	...	...	...	...	12	...	15	...	17
Birth injuries	...	...	...	...	...	...	84	...	88	...	88
Intra cranial and spinal injury	...	...	...	...	...	...	54	...	57	...	57
Other	...	...	...	...	...	...	30	...	31	...	31
Post-natal asphyxia and atelectasis	...	...	...	...	...	...	189	...	192	...	195
Infections of the newborn	...	...	...	...	...	...	12	...	13	...	13
Other diseases peculiar to early infancy	...	...	...	...	...	...	190	...	195	...	199
Haemolytic disease of newborn (erythroblastosis)	...	...	...	...	...	...	14	...	15	...	15
Haemorrhagic disease of newborn	...	...	...	...	...	...	15	...	15	...	16
Ill-defined diseases peculiar to early infancy	...	...	...	...	...	...	20	...	21	...	24
Immaturity with other subsidiary condition	...	...	...	...	...	...	6	...	7	...	7
Immaturity, unqualified	...	...	...	...	...	...	135	...	137	...	137
All other causes	...	...	...	...	...	...	13	...	22	...	89
TOTAL—all causes							582	...	662	...	960

Particulars of the registered infant, neo-natal and early neo-natal deaths and death rates for each County district for the year 1963 are given in Table 2, pages 156 to 163.

**Perinatal Mortality.**—This term describes the total loss of life shortly before, during and shortly after birth, represented by all stillbirths in combination with early neo-natal deaths. The perinatal mortality rate expresses the total of such events as a proportion of the total (live and still) births and the 1963 rate for the Administrative County produced by the 748 stillbirths and 586 early neo-natal deaths was 31·6 per 1,000, a reduction of 2·9 per 1,000 as compared with the corresponding rate for the previous year. It was, in fact, the lowest to have been recorded during the five years in which particulars of early neo-natal deaths have been available.

## INFECTIOUS AND OTHER NOTIFIABLE DISEASES

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**Smallpox.**—For the tenth successive year no case of smallpox was notified within the Administrative County area. England and Wales were also entirely free of the disease.

**Diphtheria.**—Although no cases of diphtheria had occurred amongst children since 1960, the year under report was the first for which an absence of the disease throughout the County area could be recorded.

**Whooping Cough.**—The unprecedented decline in the incidence of whooping cough during 1962 was one of the most striking features of this section of the Report for that year, particularly as it had been preceded by a sharp fall in notifications in 1961. From the 260 cases reported in 1962, however, the number of notifications received in 1963 increased eight-fold to 2,113. Whilst this total exceeded by 502 the annual average for the preceding five years, 1958-62, it might be noted that only once—in 1958—during the years prior to the 1961-62 decline had a lower total been notified. Nevertheless it emphasizes the need for an intensification of effort in the field of immunisation.

The increased incidence was not confined to the Administrative County but was greater there than the average for the whole country. The attack rate per 1,000 of the estimated home population for England and Wales rose from 0·18 in 1962 to 0·74 in 1963 compared with 0·12 to 0·93 for the County area.

Two deaths from whooping cough were assigned to the County area during 1963—both of infants under one year of age. In neither case had the child been immunised.

**Measles (*excluding rubella*).**—The 27,631 cases of measles notified in the Administrative County during 1963 were 14,285 more than in the previous year and represented an attack rate of 12·18 per 1,000 of the estimated home population, the highest since 1957. This was, however, slightly more favourable than the provisional rate of 12·78 per 1,000 for England and Wales. Mortality from measles was the heaviest for 10 years, the 14 deaths so classified in 1963 being more than double any annual total since 1953. Nine were of children under five years of age, two of school children and three of persons aged 15 years or over. In total they were equivalent to a mortality rate of 0·006 per 1,000 of the estimated home population and a case fatality rate of 0·05 per cent., the latter also being the highest since 1953.

**Meningococcal Infection.**—Notifications of cases of meningococcal infection in 1963 numbered 48, four more than in the previous year and 11 more than the annual average for the preceding five years. The resultant attack rate of 0·021 per 1,000 of the estimated home population was the highest for four years and almost doubled the record low incidence of 0·011 per 1,000 in 1961. Although deaths classified to this cause also increased, from four in 1962 to five in 1963, the latter were two fewer than the annual average for the preceding five years, 1958-62. The equivalent rate of 0·002 per 1,000 of the estimated home population had been recorded on two previous occasions, in 1960 and 1962, and constituted the lowest level of mortality during the 14 years in which such deaths have been separately classified in the Registrar General's Short List.

**Acute Poliomyelitis.**—The incidence of acute poliomyelitis was again very low in 1963. Whilst the seven cases notified in the Administrative County area were two more than had been recorded in the previous year they were 47 fewer than the annual average for the preceding five years. The corresponding attack rate of 0·003 per 1,000 of the estimated home population was 0·001 above the record low incidence of 1962. Six of the seven cases notified were paralytic.

Two deaths, one of a male of school age and one of an adult female, were classified to this disease and assigned to the Administrative County in 1963. In neither case had the patient been vaccinated.



In the following table particulars are given of the notifications of and deaths from acute poliomyelitis in the Administrative County during the year under report and each year of the preceding decade :—

Year	Cases notified			Attack rate per 10,000 population			No. of deaths registered	Mortality rate per 10,000 population
	Total	Paralytic		Total	Paralytic	Non-paralytic		
		No.	% of total					
1953	132	98	74·2	0·65	0·48	0·17	8	0·04
1954	63	40	63·5	0·31	0·19	0·11	4	0·02
1955	130	93	71·5	0·63	0·45	0·18	4	0·02
1956	174	98	56·3	0·83	0·47	0·36	9	0·04
1957	96	74	77·1	0·45	0·35	0·10	5	0·02
1958	101	75	74·3	0·47	0·35	0·12	9	0·04
1959	56	45	80·4	0·26	0·21	0·05	2	0·01
1960	6	4	66·7	0·03	0·02	0·01	1	0·00
1961	103	83	80·6	0·47	0·38	0·09	8	0·04
1962	5	5	100	0·02	0·02	nil	1	0·00
1953-62	866	615	71·0	0·41	0·29	0·12	51	0·02
1963	7	6	85·7	0·03	0·03	0·00	2	0·01

**Acute Encephalitis.**—The number of cases of acute encephalitis notified in the Administrative County area during 1963 was nine, an increase of four over that for the previous year and two more than the annual average for the preceding five years. Six were infective and three post-infectious. The corresponding attack rate of 0·004 per 1,000 of the estimated home population was 0·002 less than the provisional rate for England and Wales. According to information supplied by local medical officers of health six deaths were classified to this cause in 1963.

**Scarlet Fever.**—For the third successive year the number of notifications of cases of scarlet fever was, in 1963, the lowest on record, the 704 cases being 71 fewer than in 1962 and less than one-half of the annual average of 1,717 for the preceding five years, 1958-62. They were equivalent to an attack rate of 0·31 per 1,000 of the estimated home population, 0·04 per 1,000 less than the previous lowest recorded in 1962 and 0·06 below the provisional 1963 rate for England and Wales. According to local records no death was classified to scarlet fever in 1963.

**Typhoid and Paratyphoid Fevers.**—Twelve cases of typhoid and paratyphoid fevers were notified in the Administrative County during the year under report. Although these were three more than the record low total of 1962 they were less than a half of the annual average of 25 cases during the preceding five years, 1958-62. The resultant attack rate of 0·005 per 1,000 of the population was 0·001 per 1,000 greater than the low record established in the previous year but compared very favourably with the provisional 1963 rate of 0·012 for England and Wales. No death was recorded locally in 1963 as due to these causes.

**Dysentery.**—Cases of dysentery notified during 1963 numbered 1,640, a reduction of 1,351 as compared with the previous year and 1,081 fewer than the annual average for the preceding five years, 1958-62. The corresponding attack rate of 0·72 per 1,000 of the estimated home population was the lowest for 10 years. It compared unfavourably, however, with the provisional rate of 0·68 per 1,000 for England and Wales. No deaths were recorded locally.

**Food Poisoning.**—Compared with the previous year notifications of food poisoning in 1963 increased in number by 52, but the 356 cases were 57 fewer than the annual average for the preceding five years. The resultant attack rate of 0·16 per 1,000 of the estimated home population was 0·04 per 1,000 greater than the provisional rate for the whole country. There were no deaths.

Further particulars of the various outbreaks of food poisoning in 1963, including the organisms or other agents responsible, the foods involved and the places where the contaminated foods were consumed are given later in this Report in the section relating to "INSPECTION AND SUPERVISION OF FOOD."

**Anthrax.**—The first cases of anthrax to be notified in the Administrative County area since the Public Health (Infectious Diseases) Amendment Regulations of 1960 became operative on the 1st December of that year occurred during 1963. Three in all were notified but they would appear to have been unrelated cases. Ten cases of anthrax were notified during the year throughout England and Wales.

**Notifications.**—The table below, which is compiled from the quarterly returns of local medical officers of health, shows the numbers of cases of infectious and other notifiable diseases notified during the year 1963 after corrections subsequently made either by notifying medical practitioners or by medical superintendents of infectious diseases hospitals :—

NOTIFICATIONS OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES (AFTER CORRECTION) FOR  
THE YEAR ENDED 31ST DECEMBER, 1963, ANALYSED BY SEX AND AGE

Scarlet fever	Diphtheria	Whooping cough	Measles (excluding rubella)	Acute polio-myelitis		Dysentery	Meningococcal infection	Sex	Age group	Sex	Acute pneumonia	Smallpox	Acute encephalitis		Typhoid fever	Paratyphoid fever	Erysipelas	Food poisoning
				Paralytic	Non-paralytic								Infective	Post-infectious				
ADMINISTRATIVE COUNTY																		
362	—	998	14,198	3	—	797	30	M.	ALL AGES	M.	209	—	5	—	4	1	25	147
342	—	1,115	13,433	3	1	843	18	F.		F.	195	—	1	3	2	5	30	209
704	—	2,113	27,631	6	1	1,640	48	T.		T.	404	—	6	3	6	6	55	356
3	—	120	553	—	—	23	8	M.	0—									
2	—	127	598	—	—	32	4	F.										
5	—	247	1,151	—	—	55	12	T.										
36	—	264	3,770	—	—	133	9	M.	1—	M.	33	—	1	—	—	—	—	22
27	—	287	3,571	2	1	111	5	F.										
63	—	551	7,341	2	1	244	14	T.										
103	—	260	4,306	—	—	106	3	M.	3—	F.	33	—	1	—	—	1	2	27
77	—	282	3,945	—	—	93	—	F.										
180	—	542	8,251	—	—	199	3	T.										
182	—	316	5,211	3	—	253	3	M.	5—	M.	17	—	2	—	1	—	—	37
189	—	362	4,966	—	—	253	4	F.										
371	—	678	10,177	3	—	506	7	T.										
28	—	25	252	—	—	96	3	M.	10—	F.	34	—	2	3	2	—	—	82
32	—	36	241	—	—	52	3	F.										
60	—	61	493	—	—	148	6	T.										
6	—	6	51	—	—	43	—	M.	15—	M.	45	—	2	—	3	—	7	63
10	—	9	59	—	—	77	1	F.										
16	—	15	110	—	—	120	1	T.										
									25—	F.	90	—	2	—	4	3	12	129
4	—	4	26	—	—	140	4	M.	45—	M.	51	—	—	—	—	1	12	23
4	—	5	23	1	—	222	1	F.										
8	—	9	49	1	—	362	5	T.										
									65—	M.	57	—	—	—	—	—	6	—
—	—	3	29	—	—	3	—	M.	UN-KNOWN	M.	6	—	—	—	—	—	—	2
1	—	7	30	—	—	3	—	F.										
1	—	10	59	—	—	6	—	T.										
																		5

*Other Diseases*

	Puerperal pyrexia	Ophthalmia neonatorum			*Chickenpox			Malaria (Believed to have been contracted abroad)			Anthrax		
	F.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Administrative County ...	44	5	9	14	8	12	20	1	—	1	3	—	3

\* Notifiable during year in two districts only.



Below, comparison is made of the number of notifications of the principal infectious diseases during 1963 and the preceding 10 years :—

Infectious disease	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
Measles (excluding rubella)	21,785	13,277	24,499	9,395	31,473	10,328	22,493	20,054	23,773	13,346	27,631
Whooping cough ...	7,260	5,224	3,649	5,330	3,091	1,394	2,615	2,805	982	260	2,113
Scarlet fever ...	3,584	2,466	2,065	1,888	1,645	1,985	2,508	2,022	1,297	775	704
Acute pneumonia (primary and influenzal)	1,165	999	989	925	1,354	860	1,032	592	772	503	404
Dysentery ...	899	2,769	3,316	2,471	3,008	2,659	2,279	4,052	1,622	2,991	1,640
Erysipelas ...	282	214	217	194	167	135	153	128	88	76	55
Puerperal pyrexia ...	239	252	326	265	186	135	162	125	75	61	44
Diphtheria ...	18	17	13	3	1	1	2	3	1	1	—
Acute poliomyelitis ...	132	63	130	174	96	101	56	6	103	5	7
Meningococcal infection	64	60	60	73	51	28	53	34	25	44	48
Acute encephalitis ...	8	11	13	11	8	8	5	8	10	5	9
Typhoid and paratyphoid fever ...	11	27	29	13	18	36	26	20	33	9	12
Smallpox ...	2	—	—	—	—	—	—	—	—	—	—

**Death Rates from Certain Infectious Diseases.**—The table below gives for the last two decades the death rates per 1,000 of the population from certain infectious diseases for which mortality statistics are available. It should be noted that the figures for the years 1944 and 1945 relate to civilians only.

Year	Estimated population	Smallpox		Diphtheria		Whooping cough		Measles		Ac. poliomyelitis		* Meningococcal infection	
		No. of deaths	Rate per 1,000 pop'n	No. of deaths	Rate per 1,000 pop'n	No. of deaths	Rate per 1,000 pop'n	No. of deaths	Rate per 1,000 pop'n	No. of deaths	Rate per 1,000 pop'n	No. of deaths	Rate per 1,000 pop'n
1944	1,837,800	nil	nil	68	0·037	35	0·019	22	0·012	2	0·001	—	—
1945	1,832,420	nil	nil	52	0·028	29	0·016	2	0·013	4	0·002	—	—
1946	1,924,880	nil	nil	25	0·013	43	0·022	9	0·005	7	0·004	—	—
1947	1,959,160	nil	nil	12	0·006	32	0·016	30	0·015	36	0·018	—	—
1948	2,007,150	nil	nil	11	0·005	39	0·019	26	0·013	10	0·005	—	—
1949	2,020,720	nil	nil	5	0·002	30	0·015	14	0·007	34	0·017	—	—
1950	2,047,010	nil	nil	6	0·003	21	0·010	6	0·003	18	0·009	16	0·008
1951	†2,040,460	nil	nil	1	0·000	17	0·008	15	0·007	10	0·005	12	0·006
1952	†2,043,900	nil	nil	2	0·001	6	0·003	4	0·002	8	0·004	14	0·007
1953	2,044,400	1	0·000	2	0·001	12	0·006	12	0·006	8	0·004	11	0·005
1954	†2,052,270	nil	nil	nil	nil	3	0·001	1	0·000	4	0·002	10	0·005
1955	2,068,000	nil	nil	nil	nil	4	0·002	6	0·003	4	0·002	12	0·006
1956	2,091,000	nil	nil	nil	nil	5	0·002	nil	nil	9	0·004	14	0·007
1957	2,110,000	nil	nil	nil	nil	3	0·001	3	0·001	5	0·002	10	0·005
1958	2,129,000	nil	nil	1	0·000	nil	nil	1	0·000	9	0·004	10	0·005
1959	2,151,000	nil	nil	nil	nil	nil	nil	5	0·002	2	0·001	10	0·005
1960	2,175,950	nil	nil	1	0·000	nil	nil	5	0·002	1	0·000	4	0·002
1961	2,206,190	nil	nil	nil	nil	nil	nil	6	0·003	8	0·004	7	0·003
1962	2,237,810	nil	nil	nil	nil	2	0·001	5	0·002	1	0·000	4	0·002
1963	2,268,060	nil	nil	nil	nil	2	0·001	14	0·006	2	0·001	5	0·002

\* This classification was first introduced in 1950 and comparative figures for previous years are not available.

† Specially constructed population.

**Acute Rheumatism.**—Under the Acute Rheumatism Regulations, 1953, cases of acute rheumatism in persons under 16 years of age are required to be notified in certain specified areas where suitable facilities exist for checking the diagnosis and carrying out subsequent supervision. The Acute Rheumatism (Amendment) Regulations, 1959, which came into operation on the 16th February, 1959, extended this requirement to the Administrative County of Lancaster and certain other areas. Notification is required to be made to the County Medical Officer of Health and not, as is the case with almost all other notifiable diseases, to the respective medical officers of health of the County districts. Under the regulations "acute rheumatism" means any of the following conditions occurring separately or together in a person under the age of 16 years—(i) rheumatic pains or arthritis accompanied by a rise in temperature; (ii) rheumatic chorea; (iii) rheumatic carditis; (iv) valvular disease of the heart of rheumatic origin.

Each notified case is subsequently classified by the general practitioner or specialist to whom it has been referred into one of seven clinical categories recommended by the Medical Research Council, four being of rheumatic origin and three of non-rheumatic origin.

During 1963 notifications in the Administrative County numbered 20, seven fewer than in the previous year. The following statement analyses 18 of these cases by subsequent clinical classification and by sex/age group. In the two remaining cases both the patients and the notifying practitioner had left the area before the classification particulars could be obtained.

Clinical classification of cases notified	Age in years—										
	0—		5—		10—		15		Total under 16		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T.
1. Rheumatic pains and/or arthritis without heart disease ... ..	1	1	1	3	3	1	—	—	5	5	10
2. Rheumatic heart disease (active)											
(a) Alone... ..	—	—	—	—	1	3	—	—	1	3	4
(b) With polyarthritis ... ..	—	1	1	—	—	—	—	—	1	1	2
(c) With chorea... ..	—	—	—	—	—	—	—	—	—	—	—
3. Rheumatic heart disease (quiescent) ... ..	—	—	—	—	—	1	—	—	—	1	1
4. Rheumatic chorea (alone) ... ..	—	—	—	1	—	—	—	—	—	1	1
Total rheumatic cases ... ..	1	2	2	4	4	5	—	—	7	11	18
5. Congenital heart disease ... ..	—	—	—	—	—	—	—	—	—	—	—
6. Other non-rheumatic heart disease or disorder ... ..	—	—	—	—	—	—	—	—	—	—	—
7. Not rheumatic or cardiac disease	—	—	—	—	—	—	—	—	—	—	—
Total non-rheumatic cases...	—	—	—	—	—	—	—	—	—	—	—

The 18 cases confirmed to be of rheumatic origin were equivalent to 0·32 per 10,000 of the estimated number of children under 16 years of age. Related to the estimated pre-school population the three cases under five years of age represented 0·15 per 10,000, whilst the 15 aged 5-14 years inclusive were equivalent to 0·44 per 10,000 of the corresponding population.

**Tuberculosis.**—NOTIFICATIONS.—The decline of the importance of tuberculosis as a cause of morbidity and mortality has been a matter of almost continuous record for many years and the statistics for 1963 showed a satisfactory maintenance of this trend. Notifications of respiratory tuberculosis fell by 128 to 958 and of non-respiratory tuberculosis by 11 to 102, both these totals and the corresponding case rates of 0·42 and 0·04 per 1,000 of the estimated home population respectively constituting new low records. The combined case rate of 0·47 per 1,000 for all forms of tuberculosis was 0·07 less than the previous lowest established a year earlier.



In the table below the notifications during 1963 and the preceding 10 years are given together with the corresponding case rates :—

Year	Notifications			Case rate per 1,000 of the population		
	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)
1953	1,753	322	2,075	0·86	0·16	1·01
1954	1,822	312	2,134	0·89	0·15	1·04
1955	1,745	224	1,969	0·84	0·11	0·95
1956	1,710	225	1,935	0·82	0·11	0·93
1957	1,780	209	1,989	0·84	0·10	0·94
1958	1,578	173	1,751	0·74	0·08	0·82
1959	1,508	136	1,644	0·70	0·06	0·76
1960	1,155	104	1,259	0·53	0·05	0·58
1961	1,139	123	1,262	0·52	0·06	0·57
1962	1,086	113	1,199	0·49	0·05	0·54
1963	958	102	1,060	0·42	0·04	0·47

The term “ case rate ” is used above to indicate, in relation to population, the total cases brought to notice through formal notification. For almost all notifiable infectious diseases this is synonymous with the “ attack ” or “ incidence ” of the disease upon the population, but in the case of tuberculosis it is not necessarily so and the need arises to distinguish between them. In the Administrative County the difference is considerable and is caused by the absorption into the area of large over-spill populations from neighbouring county boroughs. Tubercular cases within such populations are usually re-notified upon taking up residence within the County area but, whilst inflating the total of tuberculous persons within the area, should not be allowed to influence an index of the attack or incidence of the disease upon the community.

In 1963 such “ transfer ” notifications accounted for more than one third of the total notifications received. In the following table they have been disregarded for each of the years 1953-63 and the resultant incidence rates indicate the extent to which entirely new cases of tuberculosis have been arising in the Administrative County.

Year	* Notifications			Incidence rate per 1,000 of population		
	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)
1953	1,492	298	1,790	0·73	0·15	0·88
1954	1,420	288	1,708	0·69	0·14	0·83
1955	1,165	187	1,352	0·56	0·09	0·65
1956	1,158	186	1,344	0·55	0·09	0·64
1957	1,153	178	1,331	0·55	0·08	0·63
1958	1,024	142	1,166	0·48	0·07	0·55
1959	1,016	110	1,126	0·47	0·05	0·52
1960	775	86	861	0·36	0·04	0·40
1961	728	100	828	0·33	0·05	0·38
1962	740	100	840	0·33	0·04	0·38
1963	601	89	690	0·26	0·04	0·30

\* Excluding “ transfers-in.”

It will readily be seen from the above that the incidence of respiratory tuberculosis in 1963 was little more than one third of that of 10 years ago and the incidence of non-respiratory tuberculosis little more than one quarter. Each of the above figures for 1963, in fact, constituted the lowest on record, the rates comparing very favourably with the corresponding provisional rates of 0·35 (respiratory), 0·06 (non-respiratory) and 0·40 (all forms) for England and Wales.

An analysis by sex, age group and site classification of the notifications of tuberculosis received during 1963 is given in Table 6, page 172.

**MORTALITY.**—Compared with the previous year deaths from respiratory tuberculosis in 1963 decreased by 13 to 117 and those classified to non-respiratory tuberculosis, now down in number to a level where random fluctuations have a relatively great effect, increased by six to 19, so that the total of 136 deaths from all forms of tuberculosis assigned to the Administrative County was seven less than the low record total of the previous year. The corresponding mortality rate of 0·60 per 10,000 of the estimated home population was the lowest ever recorded and constituted an improvement of 0·03 over the provisional rate for England and Wales. The County mortality rate of 0·52 per 10,000 for respiratory tuberculosis—also the lowest on record—was 0·04 less than that for the whole country.

In the table below the numbers of tuberculous deaths registered during 1963 and the preceding 10 years are given for the Administrative County together with the corresponding death rates.

Year	Deaths			Death rate per 10,000 of the population		
	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)
1953	361	42	403	1·77	0·21	1·97
1954	293	44	337	1·43	0·21	1·64
1955	302	25	327	1·46	0·12	1·58
1956	235	24	259	1·12	0·11	1·24
1957	207	29	236	0·98	0·14	1·12
1958	204	19	223	0·96	0·09	1·05
1959	163	13	176	0·76	0·06	0·82
1960	151	8	159	0·69	0·04	0·73
1961	129	19	148	0·58	0·09	0·67
1962	130	13	143	0·58	0·06	0·64
1963	117	19	136	0·52	0·08	0·60

Table 5, pages 170 and 171, shows the distribution by sex and age group of the deaths from tuberculosis assigned in 1963 to the Administrative County and to the aggregated urban and rural districts.

*Non-notified fatal cases.*—Cases of tuberculosis brought to the notice of the local authorities and local health authority through mention of the disease in the death certificate—i.e., non-notified fatal cases—numbered 41 in 1963. The classifiable cause of death in 25 of these cases was tuberculosis and they represented 18·4 per cent. of the total tuberculosis deaths. Although appreciably lower than for some time this proportion remains a disturbing statistical fact. From the point of view of prevention, care and after-care, however, concern in recent years has been tempered to some degree by the knowledge that in some cases the process of diagnosis, care, contact tracing, etc., had run its normal course although there had been an omission of formal notification. In order to establish the full facts a follow-up of every non-notified fatal case was carried out during 1963 and further reference thereto is made on page 88 of This report.



COUNTY OF LANCASTER.

HEALTH DIVISIONS

AND

DELEGATE AUTHORITIES



Reference by Letter to detached portions of Rural Districts.

Letter	Name of District
A	BLACKBURN
B	LANCASTER
C	PRESTON
D	WEST LANCASHIRE
E	WIGAN

Delegate Authorities 

NON-COUNTY BOROUGHS INDICATED •

Scale: 8 miles to 1 inch.





## HEALTH SERVICES

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**Services Provided.**—Under the provisions of Part III of the National Health Service Act, 1946, it is the duty of the County Council, as local health authority for the Administrative County area, to provide, in accordance with schemes approved by the Minister of Health, health centres and services embracing the care of mothers and young children, midwifery and maternity nursing, health visiting, home nursing, vaccination and immunisation, ambulance transportation and the prevention of tuberculosis and mental illness and care and after-care of the tuberculous and mentally disordered. Under permissive sections of the Act the County Council's approved scheme of prevention, care and after-care is extended to cover all forms of illness and a domestic help service is provided.

In addition, provision is made under the terms of the National Assistance Act, 1948, for (i) residential accommodation for the aged and infirm, (ii) temporary accommodation for persons in urgent need and (iii) the welfare of handicapped persons.

The responsibility for the administration of the various functions referred to above is that of the Health Committee which, appointed in accordance with the provisions of the National Health Service Act, 1946, consists of members of the County Council, together with representatives of the County District Council Associations in Lancashire, the Lancashire Executive Council, the Lancashire Local Medical Committee, and voluntary organisations concerned with the care of old people.

**DIVISIONAL ADMINISTRATION.**—The administrative arrangements made by the County Council for carrying out their duties as local health authority were designed to conform, as far as possible, to those made for the treatment services administered by regional boards and executive councils and accordingly, following the pattern for the hospital treatment services laid down by the Act, committees were established in 17 divisional areas covering the Administrative County for the local management of the services in the divisions.

Each divisional health committee is composed of members of the County Council, representatives appointed by (a) the councils of County districts within the division, (b) management committees of hospitals serving the division and (c) the education divisional executives within the division, together with persons co-opted at the discretion of the divisional committee with the approval of the Health Committee, and the committees undertake the day-to-day administration of the bulk of the services provided by the local health authority, except insofar as they have been delegated to certain County district councils under the terms of the Local Government Act, 1958, as referred to below.

**DELEGATION OF FUNCTIONS.**—In accordance with approved delegation schemes made under section 46 of the Local Government Act, 1958, the councils of four County districts—Crosby M.B., Huyton-with-Roby U.D., Middleton M.B. and Stretford M.B.—administer within their respective areas a wide range of health and welfare services on behalf of the County Council. The delegated services are specified in the Act and from those listed in the first two paragraphs above exclude only the ambulance service, such part of the prevention of illness, care and after-care scheme as relates to the care or after-care in residential accommodation of persons suffering from mental illness, and the provision of residential and temporary accommodation under the National Assistance Act, 1948. The remaining functions required by section 46 to be included in delegation schemes are those under the Nurseries and Child Minders Regulation Act, 1948, and those under the Mental Health Act, 1959, not included in the prevention of illness, care and after-care scheme by virtue of the amendment by that Act of Part III of the National Health Service Act.

The health divisions and delegate districts into which the Administrative County is divided for the purposes of administration of the health and welfare services are shown on the map here inserted, whilst in the following statement the acreages, the Census, 1961, populations and the Registrar General's estimated mid-1963 populations of the various areas as constituted at the 31st December, 1963, are set forth.

Health Division No.	Sanitary district	Area in acres at 31st Dec., 1963	Population	
			Census, 1961 (areas as constituted at 31st Dec., 1963)	Estimated home, mid-1963
1	Dalton-in-Furness U.D. ...	8,022	10,316	10,310
	Grange U.D. ...	1,883	3,125	2,820
	Ulverston U.D. ...	3,206	10,527	10,490
	North Lonsdale R.D. ...	127,448	16,598	15,950
		140,559	40,566	39,570
2	Lancaster M.B. ...	5,101	48,253	48,460
	Morecambe and Heysham M.B. ...	3,794	40,228	40,000
	Carnforth U.D. ...	1,504	4,113	4,080
	Lancaster R.D. ...	52,984	14,000	14,820
	Lunesdale R.D. ...	76,267	8,224	8,850
		139,650	114,818	116,210
3	Fleetwood M.B. ...	2,565	27,686	28,220
	Lytham St. Annes M.B. ...	5,814	36,189	36,300
	Kirkham U.D. ...	939	4,819	5,860
	Poulton-le-Fylde U.D. ...	2,272	12,726	14,030
	Preesall U.D. ...	3,277	2,357	2,690
	Thornton Cleveleys U.D. ...	3,358	20,648	21,250
	Fylde R.D. ...	33,264	17,370	17,700
	†Garstang R.D. (part) ...	14,535	3,751	3,930
		66,024	125,546	129,980
4	Chorley M.B. ...	4,283	31,315	31,210
	Adlington U.D. ...	1,062	4,276	4,620
	Fulwood U.D. ...	3,164	16,016	17,280
	Leyland U.D. ...	3,804	19,413	20,330
	Longridge U.D. ...	3,285	4,686	4,960
	Walton-le-Dale U.D. ...	4,733	18,964	20,440
	Withnell U.D. ...	4,186	2,849	2,850
	Chorley R.D. ...	41,117	28,567	29,420
	†Clitheroe R.D. (part) ...	19,803	2,389	2,560
	†Garstang R.D. (part) ...	42,956	10,639	11,130
	Preston R.D. ...	49,754	43,592	45,110
		178,147	182,706	189,910
5	Accrington M.B. ...	4,418	39,018	38,940
	Clitheroe M.B. ...	2,386	12,158	12,370
	Darwen M.B. ...	5,959	29,475	29,440
	Church U.D. ...	528	5,888	5,890
	Clayton-le-Moors U.D. ...	1,060	6,421	6,510
	Great Harwood U.D. ...	2,868	10,718	10,760
	Oswaldtwistle U.D. ...	4,885	11,918	12,300
	Rishton U.D. ...	2,879	5,433	5,440
	Blackburn R.D. ...	19,469	15,053	16,300
	†Clitheroe R.D. (part) ...	12,367	6,410	6,880
		56,819	142,492	144,830
6	Colne M.B. ...	5,939	19,430	19,260
	Nelson M.B. ...	3,445	32,292	32,000
	Barrowford U.D. ...	1,387	4,644	4,620
	Brierfield U.D. ...	807	7,018	7,260
	Padiham U.D. ...	975	9,899	10,050
	Trawden U.D. ...	6,815	1,952	1,900
	Burnley R.D. ...	39,849	16,035	16,090
		59,217	91,270	91,180

† Populations computed from Registrar General's estimates on basis of parish populations as at Census, 1961.



Health Division No.	Sanitary district	Area in acres at 31st Dec., 1963	Population	
			Census, 1961 (areas as constituted at 31st Dec., 1963)	Estimated home, mid-1963
7	*Crosby M.B. ... ..	4,785	59,166	59,510
	Formby U.D. ... ..	5,613	11,734	13,290
	Litherland U.D. ... ..	1,210	24,871	25,170
	Ormskirk U.D. ... ..	15,608	21,828	23,740
	Skelmersdale U.D. ... ..	1,941	6,309	6,420
	West Lancashire R.D. ... ..	65,620	55,763	60,100
		94,777	179,671	188,230
8	Abram U.D. ... ..	1,979	6,004	6,200
	Ashton-in-Makerfield U.D. ... ..	6,266	19,262	20,490
	Aspull U.D. ... ..	1,905	6,748	6,900
	Billinge and Winstanley U.D. ... ..	4,596	6,945	7,850
	Hindley U.D. ... ..	2,610	19,396	20,650
	Ince-in-Makerfield U.D. ... ..	2,321	18,019	18,000
	Orrell U.D. ... ..	1,616	10,664	11,330
	Standish-with-Langtree U.D. ... ..	3,266	9,692	10,020
	Up Holland U.D. ... ..	4,684	7,452	8,610
		11,695	10,157	10,710
		40,938	114,339	120,760
9	Widnes M.B. ... ..	5,746	52,186	53,620
	*Huyton-with-Roby U.D. ... ..	3,055	63,089	66,910
	Kirkby U.D. ... ..	4,672	52,088	56,550
	Prescot U.D. ... ..	871	13,079	13,230
	Rainford U.D. ... ..	5,877	5,385	5,810
	Whiston R.D. ... ..	23,786	43,786	50,380
		44,007	229,613	246,500
10	Golborne U.D. ... ..	7,567	21,310	22,900
	Haydock U.D. ... ..	2,395	12,074	12,440
	Newton-le-Willows U.D. ... ..	3,105	21,768	21,980
		22,350	30,732	34,900
		35,417	85,884	92,220
11	Farnworth M.B. ... ..	1,504	27,502	27,230
	Leigh M.B. ... ..	6,359	46,174	46,530
	Atherton U.D. ... ..	2,265	19,756	19,890
	Blackrod U.D. ... ..	2,392	3,606	3,980
	Horwich U.D. ... ..	3,257	16,078	16,240
	Kearsley U.D. ... ..	1,727	10,296	10,490
	Little Lever U.D. ... ..	807	5,085	5,550
	Turton U.D. ... ..	17,334	13,698	15,690
	Tyldesley U.D. ... ..	5,175	16,813	17,180
		5,560	16,260	16,920
		46,380	175,268	179,700
12	Haslingden M.B. ... ..	8,203	14,360	14,240
	Prestwich M.B. ... ..	2,421	34,209	34,160
	Radcliffe M.B. ... ..	4,957	26,726	26,960
	Rawtenstall M.B. ... ..	9,528	23,890	23,830
	Ramsbottom U.D. ... ..	9,562	13,817	13,950
	Tottington U.D. ... ..	2,542	5,649	5,940
		3,391	14,372	15,180
		40,604	133,023	134,260

\* District to the Council of which certain health and welfare functions are delegated.

Health Division No.	Sanitary district	Area in acres at 31st Dec., 1963	Population	
			Census, 1961 (areas as constituted at 31st Dec., 1963)	Estimated home, mid-1963
13	Bacup M.B. ... ..	6,121	17,308	17,130
	Heywood M.B. ... ..	8,508	24,090	25,450
	Littleborough U.D. ... ..	7,855	10,552	10,740
	Milnrow U.D. ... ..	5,194	8,129	8,310
	Wardle U.D. ... ..	3,192	4,608	4,390
	Whitworth U.D. ... ..	4,483	7,064	7,070
		35,353	71,751	73,090
14	*Middleton M.B. ... ..	5,172	56,668	58,860
	Chadderton U.D. ... ..	3,014	32,568	32,870
	Crompton U.D. ... ..	2,865	12,708	13,610
	Failsworth U.D. ... ..	1,679	19,819	21,050
	Lees U.D. ... ..	288	3,730	3,730
	Royton U.D. ... ..	2,148	14,474	15,140
		15,166	139,967	145,260
15	Eccles M.B. ... ..	3,417	43,173	42,850
	Swinton and Pendlebury M.B. ... ..	3,362	40,470	41,230
	Worsley U.D. ... ..	7,240	40,393	43,040
		14,019	124,036	127,120
16	*Stretford M.B. ... ..	3,533	60,364	60,560
	Irlam U.D. ... ..	4,717	15,371	16,190
	Urmston U.D. ... ..	4,799	43,068	43,120
		13,049	118,803	119,870
17	Ashton-under-Lyne M.B. ... ..	4,135	50,154	49,610
	Mossley M.B. ... ..	3,661	9,776	9,800
	Audenshaw U.D. ... ..	1,241	12,122	12,050
	Denton U.D. ... ..	2,593	31,089	32,250
	Droylsden U.D. ... ..	1,245	25,461	25,660
		12,875	128,602	129,370

\* District to the Council of which certain health and welfare functions are delegated.

In the pages which follow, the work accomplished in regard to the various health and welfare services is dealt with in some detail, but it is of interest to record here some of the comments of divisional medical officers and medical officers of health to delegate authorities on various aspects of the services during 1963.

*Health Division No. 3.*—The divisional services have continued to expand throughout the year. In the chiropody field the state registration of chiropodists has alleviated the position with regard to the recruitment of suitable staff and an adequate service is now provided throughout the division. The completion of the take-over of the Fleetwood agency service was finalised in December leaving only two small and one large agency service operating in the division. On the welfare side the completion of the first of two 50-place purpose built homes for the aged is eagerly awaited in order that the first phase of the closure of "The Highlands," Wesham (a former public assistance institution) may be carried out. It is anticipated that the establishment will be finally closed in June/July, 1964.

On the 11th November, 1963, the division took over from the contractors a 50-place purpose built home for the physically handicapped in Fleetwood. This home, now named "Lakeland View," is the first of its kind built within the area of the Administrative County and it is hoped that it will become operational early in 1964.



*Health Division No. 4.*—During the year the steady expansion of the health services continued and it was possible to recruit additional nurses, midwives and health visitors, but not without some difficulty. Again there was a considerable expansion of the home help service and no particular difficulties have been experienced in recruiting staff. The appointment of an additional home help organiser during the year eased the supervisory problems.

Diphtheria immunisation acceptances were at a reasonable rate but vaccinations against smallpox fell dramatically following the very heavy demand in 1962.

The mental health service continued to expand particularly in the field of after-care and a social centre for mentally ill was established in Chorley. Additional centres will be established as circumstances warrant.

No particular difficulties have been experienced in the administration of the health services and the steady expansion will be maintained as needs arise.

*Health Division No. 12.*—For the first time for many years the establishment of assistant divisional medical officers has been filled. Considerable difficulty is still experienced in recruiting health visitors and this can often only be done from the midwifery service. The birth rate continues to rise, increasing the problems of shortage of health visitors.

*Health Division No. 14.*—The general standard and availability of local authority services in this division bears favourable comparison with that in any adjacent area, with the possible exception of more limited residential accommodation for elderly than is available in neighbouring county boroughs. There are, of course, certain services that are capable of much more intensive development given the necessary capital resources and manpower, e.g., welfare of physically handicapped.

Although maternity bed accommodation is limited, residents in the division have ready access to full hospital services and it appears that, although general practitioners have generally large lists, Executive Council services are fairly well staffed.

*Health Division No. 15.*—The services have continued to operate well throughout the division during the year. The absence of complaints is possibly an indication of the measure of acceptance of their smooth operation.

*Huyton-with-Roby U.D. (Delegate District).*—The delegation of health and welfare functions is working extremely well and no major problems have been encountered.

*Middleton M.B. (Delegate District).*—The hospital services of the area are generally satisfactory and easily accessible, but the number of maternity and geriatric beds continues to be insufficient to meet the rising demand. By the close of the year there were good prospects following discussions between general practitioners and the local authority for an early start to a pilot scheme in which health visitors would work more closely with general practitioners.

The local authority services in general continued at a satisfactory level during the year in spite of a continued shortage of health visitors. The quality of the welfare services was improved by the secondment to the area of an additional social welfare officer in the second half of the year.

**CONTROL, SUPERVISION AND CO-ORDINATION OF SERVICES.**—The County Medical Officer of Health and Principal School Medical Officer is responsible for the control, supervision and co-ordination of the various services provided by the local health authority and acting under his direction the divisional medical officers, who are also school medical officers, are responsible on behalf of the divisional committees for the staffs on the divisional establishments and for the day-to-day control and supervision of the various services provided. The services of the supervisory officers of the midwifery, home nursing, health visiting and ambulance services on the central office staff of the County Medical Officer of Health are available to divisional medical officers as required.

In the districts to the councils of which certain health and welfare functions have been delegated, the medical officer of health is responsible, through the Council's Health Committee, for the control and supervision of the several services but, as in each case the medical officer of health and the divisional medical officer are one and the same person and as the delegate authority is required to conform to the policies of the local health authority, continuity of co-ordination is ensured.

One of the duties required of a divisional medical officer is that he shall undertake the duties of medical officer of health for the County districts within his division, where he may be so appointed. This provision has, in fact, done much to assist County districts in meeting the requirements of the Local Government Act, 1933, regarding the appointment of medical officers of health not engaged in private practice as medical practitioners and of affording complete co-ordination of the medical services of the County Council and the public health work of the district councils. Up to the 31st December, 1963, no fewer than 97 districts had as medical officer of health the divisional medical officer of the health division in which the district is situate. In addition, two districts had an assistant divisional medical officer who, having been appointed in the capacity of medical officer of health prior to the inception of the Divisional Health Administration Scheme, has been allowed to continue as such until such time as the district councils themselves desire the appointment of the divisional medical officer.



One district had as medical officer of health a whole-time officer who, by arrangement with the district council concerned, undertakes duties on behalf of the County Council under the direction of the divisional medical officer. In another district a retired assistant divisional medical officer was employed as local medical officer of health whilst in another the medical officer of health was a former part-time assistant divisional medical officer not engaged in private practice.

In the remaining seven County districts, the duties of medical officer of health were, at the 31st December, 1963, still being undertaken by medical practitioners engaged in private practice.

**CO-ORDINATION AND CO-OPERATION WITH OTHER BRANCHES OF THE NATIONAL HEALTH SERVICE.**—The structure of the National Health Service with responsibilities shared by separate administrative bodies renders it essential that there should be effective arrangements for securing integration. In Lancashire there exists a wide variety of liaison arrangements between the local health authority and the other statutory and voluntary bodies. Many of these arrangements are, of course, the result of the implementation of statutory requirements or approved schemes of administration, but the less formal meetings which take place from time to time as occasion demands between representatives of the several bodies are also useful and the meetings and contacts at officer level are undoubtedly of great value.

The Lancashire system of divisionalisation of the local health authority's services has undoubtedly facilitated liaison at local level by making it possible for officers of the local health authority to meet and to work in close touch with their opposite numbers in the hospital and domiciliary services. The aim of the local health authority is to strengthen this desirable liaison with advantage to all concerned.

In general, a good and effective liaison exists between the local health authority staffs and the different departments of the various hospitals throughout the area. In particular, a very high degree of co-operation is called for in connection with the problems associated with chronic sick and geriatric cases by reason of the great pressure on hospital beds on the one hand and the inability of the local health authority to keep pace with the demand for places in homes for the aged and infirm on the other. Fortunately the difficulties associated with the care of the frail aged and chronic sick are mutually understood and much continues to be done to resolve many of the problems involved. In the field of mental health, too, liaison is gradually being strengthened and greater co-ordination of effort between the hospital psychiatric staffs and the mental health staffs of the local health authority is becoming apparent.

So far as general practitioner services are concerned there undoubtedly exists today on the part of general practitioners a greater awareness of the assistance available to them and their patients through the medium of the local health authority's services. No doubt this has been fostered in large measure by the help given to practitioners in connection with the problems associated with the welfare of the old, infirm and disabled and with mental illness cases. Every effort is made to keep medical practitioners informed of the various services available and to maintain with them a spirit of co-operation and mutual understanding.

Much good work is done in the County area in connection with welfare matters, particularly as regards the care of the aged and infirm, by various voluntary bodies such as Old People's Welfare Committees, the Inskip League of Friendship, Tuberculosis Care Committees, Social Service Councils, Personal Services Committees, etc. Every effort is made by the local health authority to work in close conjunction with these bodies and to co-ordinate their efforts with the statutory services and facilities provided. The County Council's scheme for the domiciliary care of the aged has done much in this respect and also in fostering the necessary liaison amongst the various voluntary bodies providing services for old people.



**Development of Local Authority Health and Welfare Services.**—In January, 1962, the Ministry of Health issued a Command Paper entitled “A Hospital Plan for England and Wales,” which set out a long term plan for the development of the hospitals over the following decade within the framework of the National Health Service as a whole.

In issuing copies of this plan to local health authorities, the Minister drew attention to the fact that throughout the whole range of the health and welfare services—from ante-natal care to the provision made for old age—where an illness or disability, whether physical or mental, cannot be forestalled by preventive measures, care at home and in the community rather than in hospital should always be the aim except, of course, where there is need for diagnosis, treatment and care of a type which only a hospital can provide. The development of the hospital service must, therefore, be regarded as complementary to the expected development of the services for prevention and for care in the community and, as a consequence, local health authorities were requested to review their health and welfare services and to draw up a plan for developing them over the succeeding ten years.

In the preparation of such a plan it was of paramount importance that the local health authority should have regard to what was happening or planned in related fields. As a result hospital authorities executive councils, local medical committees, housing authorities and voluntary organisations providing health and welfare services were consulted on such aspects of the plan as concerned them.

Naturally, the extent to which health and welfare services can be planned or developed depends in no small measure on the financial resources available. In this respect the Minister did make it clear that, as regards capital expenditure, even in present conditions of stringency, loan sanctions would, if possible, be recommended for health and welfare projects which are essential as making a useful addition to the facilities for care in the community. At the same time he pointed out that as capital expenditure generates revenue expenditure the rate at which the latter can rise may well be the financial factor governing the rate of advance. Naturally the rate of growth between different local health authority areas must vary according to local needs but from the plans submitted the Minister hoped to obtain a picture of the expansions proposed which could be looked at in the context of the rate of growth for the National Health Service as a whole and a policy of assigning a progressively greater role to the community care services which fall into four broad groups of people, viz., mothers and young children ; the elderly ; the mentally disordered ; and the physically handicapped.

Briefly, the content of each local health authority's ten-year plan gave, in some considerable detail and in order of priority, particulars of each health and welfare service project proposed, together with capital costs, numbers of staff to be employed and revenue expenditure involved for each of the first five years, 1962/63 to 1966/67, and for the whole of the second five-year period, 1967/68 to 1971/72.

The outcome of the submission of these plans was the issue by the Ministry of Health in April, 1963, of a Command Paper “Health and Welfare : the Development of Community Care” in which a summary of the plans of local authorities was given, accompanied by an analysis of the content and aims of the principal services, including tentative suggestions for their future development and for the scale on which future provision is likely to be required.

Accompanying the Command Paper was a request for annual reviews of the plans of local authorities and the Minister intimated that the first annual review should cover the decade 1st April, 1964, to 31st March, 1974, and be submitted by the 31st December, 1963. As previously, the summary of the plan was to be set out year by year for the first five years (1964/65 to 1968/69) but the second quinquennium (1969/70 to 1973/74) was to be treated as a single period.

The information required by the revision was substantially on the same lines as the original plan except for the addition of information in respect of the first five years relating to provision by housing authorities and housing societies of special housing for the elderly, i.e., where there is a resident warden on call.

The following statement summarises the first revision of the ten-year plan as submitted to the Minister of Health at the end of 1963.

**HEALTH AND WELFARE PREMISES, ETC.**  
(The numbers of places, where appropriate, are shown in brackets.)

	Projects to be started in			Remarks
	Five years 1964/65 to 1968/69	Five years 1969/70 to 1973/74	Ten years 1964/65 to 1973/74	
ESTABLISHMENTS :				
Welfare—				
Homes for the aged ... ..	22 (1,122)	17 (841)	39 (1,963)	Two homes (102 places) to replace existing accommodation.
Homes for the physically handicapped ... ..	2 (86)	—	2 (86)	
Mental Health—				
For the mentally subnormal—				
Junior training centres ... ..	6 (360)	—	6 (360)	One centre (60 places) to replace existing accommodation. do.
Adult training centres ... ..	18 (1,080)	4 (240)	22 (1,320)	
Extension to combined centre ...	1	—	1	To provide special care unit and storage accommodation.
Junior hostels ... ..	—	—	—	
Adult hostels ... ..	13 (364)	1 (28)	14 (392)	
For the mentally ill—				
Hostel ... ..	2 (56)	—	2 (56)	
Ambulance—				
New stations ... ..	4 (27 bays)	1 (12 bays)	5 (39 bays)	Three stations (23 bays) to replace existing accommodation.
Adaptations and extensions ... ..	6 (7 bays)	—	6 (7 bays)	
Care of Mothers and Young Children—				
Day nurseries ... ..	5 (250)	5 (200)	10 (450)	Seven nurseries (350 places) to replace existing accommodation. 14 to replace existing accommodation.
Maternity and child welfare clinics	10	8	18	
Hostel for pupil midwives ... ..	1 (6)	—	1 (6)	
EXPENDITURE :				
Total estimated capital costs on above projects during period ...	£ 5,075,535	£ 2,224,960	£ 7,300,495	
	For 1964/65	For 1968/69	For 1973/74	
Total estimated net revenue expenditure on all health and welfare services ... ..	£ 6,901,175	£ 8,283,022	£ 8,960,146	Includes loan charges, debt management expenses and capital expenditure from revenue.
STAFF :				
	1964	1968	1973	
Estimated numbers (whole-time equivalent) to be employed at 31st December ... ..	6,769	8,261	8,974	The numbers exclude trainees and pupils and staff for the school health service.
†SPECIAL HOUSING FOR ELDERLY :				
Provided by housing authorities—	At 31st March, 1964		At 31st March, 1969	
No. of units expected to be in use ...	2,253		5,347	
No. of persons accommodated ...	2,802		6,642	
Provided by housing societies—				
No. of units expected to be in use ...	133		231	
No. of persons accommodated ...	147		281	

† i.e., All dwellings with a resident warden on call.



## HEALTH CENTRES

Section 21 of the National Health Service Act, 1946, required the County Council as local health authority to make provision for the setting up of "health centres" at which facilities for the nationally administered medical, dental, pharmaceutical, etc., services could be made available along with the County Council's health services, it being envisaged that the centres would be made focal points at which the needs of the public for health services could be met under one roof.

Sites were earmarked for these purposes but up to the present time no health centre projects have been developed in the Administrative County area. However, the matter is constantly under review and it may well be that, at some time in the future in an area where there is new development, it might be possible to establish such a centre, on an experimental basis at any rate.

## CARE OF MOTHERS AND YOUNG CHILDREN

The County Council's arrangements for the care of mothers and young children provide for the expectant and nursing mother, and for her child until it reaches school age, facilities which include child welfare centres, antenatal and post-natal care, dental care, special facilities for the care of premature infants and unmarried mothers and their children, and day nurseries. The service is closely correlated with the domiciliary midwifery, health visiting and domestic help services, by which means the mother can receive advice and care for herself and her child as well as help in the home during and after her confinement. The conduct of all these services within the framework of County Council policy is delegated, for their respective areas, to the councils of four County districts—Crosby M.B., Huyton-with-Roby U.D., Middleton M.B. and Stretford M.B.

**Antenatal and Post-natal Care.**—As in previous years these services have been maintained and the statements following give particulars of attendances, etc., at the County Council antenatal and post-natal clinics for each of the last five years.

Year	No. of clinics at end of year	No. of half-day sessions	Antenatal attendances				No. of post-natal attendances
			No. of women attending	No. of attendances	Average attendances per session	Average attendances per individual	
1959	90	4,723 (41)	17,825	80,006	17.1	4.5	2,774 (372)
1960	91	4,673 (41)	18,073	81,298	17.6	4.5	2,550 (355)
1961	93	4,896 (36)	19,005	83,857	17.3	4.4	2,442 (337)
1962	92	4,987 (36)	19,306	85,249	17.2	4.4	2,455 (350)
1963	94	5,138 (37)	19,610	86,211	16.9	4.4	2,306 (364)

*Note :* Particulars of special post-natal sessions are included and also given separately in brackets.

The great majority of post-natal examinations are carried out at sessions which are mainly antenatal but in Health Division No. 8 special post-natal sessions are arranged at three clinics. During 1963 such sessions numbered 37 and 322 women made 364 attendances, giving an average of 9.8 attendances per session.

Of the 94 clinics in operation at the end of the year 50 had the services of a consultant obstetrician in addition to County Council staff. The consultants conducted 1,922 of the 5,138 sessions held during the year (including all the 37 post-natal sessions), 1,913 were conducted by County Council medical officers, 1,167 by County Council midwives and 136 by general practitioners employed on a sessional basis.

Table 7, page 173, gives attendance particulars relating to the antenatal and post-natal clinics in the respective health divisions and delegate districts during 1963.

County patients in health divisions Nos. 9 and 13 attend at antenatal and post-natal clinics of St. Helens C.B. and Rochdale C.B. respectively, payment being made according to the number of cases and attendances. At St. Helens 88 expectant mothers made 478 attendances and in addition 38 post-natal attendances were recorded; at Rochdale the respective attendance figures of County residents were 345, 1,928 and 179.

An investigation carried out into the proportion of women confined during the year who had a post-natal examination produced results as follows :—

	Confined in hospital	Confined in private nursing homes	Confined at home
(a) Number of mothers investigated who were normally resident in the Administrative County and were confined during the year ... ..	27,602	938	12,307
(b) Number of those in (a) above known to have had a post-natal pelvic examination by a doctor between the fifth and twelfth weeks after confinement ... ..	24,301	872	10,258
Proportion (per cent.) of (b) to (a) ... ..	88·0	93·0	83·4

Continual efforts are required to encourage mothers to seek post-natal examination and some considerable improvement in this direction has been achieved during the last decade or so. Nevertheless, there still remains room for further improvement.

**Relaxation, Exercise and Mothercraft Classes.**—Classes have been organised at certain County Council clinics since 1951. At 28 classes the instruction in relaxation and exercises is given by qualified physiotherapists whilst at 27 other classes this work is carried out by County Council nurses, most of whom have attended a course on natural childbirth held at the Leeds Maternity Hospital.

The classes are divided into three periods, *viz.*, (1) exercises, (2) relaxation and (3) demonstrations and discussions. Each period occupies about 15 minutes so that, taking into account the time necessary for preparation, an expectant mother spends approximately one hour of her time at each session she attends. The demonstrations and discussions include—

- (a) instruction in use of analgesic apparatus ;
- (b) flannelgraphs to illustrate talks on labour and pelvic anatomy ;
- (c) talks on bathing and feeding of baby ;
- (d) display of baby clothes and patterns ;
- (e) talks on hygiene of pregnancy, etc.

This teaching is carried out by health visitors and midwives.

Details of attendances, etc., during 1963 in each health division and delegate district are given in Table 7, on page 173, and set forth below are the totals for the County area for each year 1959 to 1963 :—

Year	No. of classes at end of year	No. of sessions	No. of women attending	No. of attendances
1959	41	1,640	3,139	17,929
1960	42	1,668	3,039	17,319
1961	48	1,759	3,360	17,891
1962	52	2,074	3,790	19,339
1963	55	2,271	4,560	24,613

The value of these classes was emphasised in the memorandum on antenatal care related to toxæmia which was issued by the Ministry of Health in May, 1956, and it is generally agreed that the local health authority antenatal clinics are more suitable for this type of work than the busy hospital out-patient clinic. Patients who attend hospital out-patient departments or general practitioners' surgeries for their antenatal care are therefore welcome at the classes. This attitude was endorsed in the Cranbrook Report, which recommended that health education and mothercraft instruction should be available for all expectant mothers. Whilst the above figures reflect some extension in the work, particularly during the year under report, there is still scope for much development of this aspect of antenatal care.

**Standard Co-operation Record Cards for Maternity Patients.**—A circular No. 2/63, dated 5th February, 1963, was received from the Ministry of Health enclosing copies of a standard co-operation record card (with envelope) for maternity patients. The idea is that the patient should always keep the card and envelope in her possession after booking a midwife and doctor for her confinement so that her professional attendants will have an easy reference to previous history, particularly in cases of difficulty. The value of this co-operation card, which followed a recommendation of the Maternity Services (Cranbrook) Committee some years ago, depends on its adoption by all three branches of the maternity service, *i.e.*, local health authority, executive council and hospital management committee. Divisional medical officers initiated consultation with the other two bodies concerned and the standard co-operation record card is now in use in eleven of the health divisions. In two other health divisions an amended type of card is in use.



**Child Welfare Centres.**—The number of child welfare centres to which mothers many bring their babies and toddlers regularly for supervision continues to increase, particularly where there are new housing estates. The administration of existing centres has continued on the same lines as in previous years and at the end of 1963 there were 263 centres in operation. Of these the following were opened during the year on the dates shown :—

Health Division No.	Centre	Date opened
3 ...	Queensway Chapel, Walter Avenue, Kilnhouse Estate, St. Annes ... ..	17th October
4 ...	Church Hall, Church of Ascension, Watling Street Road, Fulwood ... ..	8th August
5 ...	Church Memorial Hall, Clayton-le-Dale, Salesbury, near Blackburn ... ..	5th September
	Methodist Church Hall, Knowsley Road, Wilpshire. ... ..	12th September
6 ...	Read & Simonstone Constitutional Club, near Burnley ...	10th December
9 ...	Holy Family R.C. Church, Parish Hall, Hall Lane, Cronton, near Widnes ... ..	9th September
	The Village Hall, Hollies Road, Halewood, near Liverpool ...	3rd July
11 ...	Barlow Institute, Bolton Road, Edgworth, Turton ... ..	7th January
13 ...	Methodist School, Smithybridge, Littleborough ... ..	12th August
16 ...	Shawe Hall Community Centre, Flixton, Urmston ... ..	1st November

One child welfare centre in Health Division No. 12, at St. Andrew's School Room, Kersal Road, Rainsough, Prestwich, was closed on the 13th February because of deterioration in the condition of the building and the facilities provided. It is hoped to open the clinic in other premises early in 1964.

Of the centres available at the end of the previous year six were transferred during 1963 to alternative premises, as follows :—

Health Division No.	Premises
3 ...	Social Centre, Ministry of Supply Factory, Salwick (closed end December, 1962)—Clifton School, Mill Lane, Clifton, Salwick (opened 3rd July).
6 ...	County Council Clinic, 9/11, Carr Road, Nelson (closed 1st November)—County Council Clinic, Leeds Road, Nelson (opened 6th November).
10 ...	St. Luke's Hall, Church Lane, Lowton, Golborne (closed 12th March)—Civic Hall, Hesketh Meadow Estate, Lowton, Golborne (opened 19th March).
12 ...	County Council Clinic, Manchester Road, Haslingden (closed 24th December)—County Council Clinic, Warner Street, Haslingden (opened 31st December).
15 ...	County Council Clinic, Green Lane, Eccles (closed 28th March)—Trinity Methodist School, Liverpool Road, Peel Green, Eccles (opened 4th April).
17 ...	Moravian School, Fairfield Road, Droylsden (closed 26th September)—“Morning-side,” Fairfield Avenue, Droylsden (opened 4th October).

The following statement gives details of attendances of children at child welfare centres during each year from 1959 to 1963 and Table 8 on page 174 gives similar information for 1963 for each health division and delegate district.

	1959	1960	1961	1962	1963
No. of centres at end of year ... ..	241	248	249	254	263
No. of half-day sessions ... ..	13,286	13,432	13,643	14,169	14,669
No. of children who attended and were born in—					
1963 ... ..	25,946	27,189	28,599	30,205	31,425
1962 ... ..	21,367	22,163	24,257	25,306	25,901
1958–61 ... ..	20,656	20,676	23,036	23,918	23,357
TOTAL ... ..	67,969	70,028	75,892	79,429	80,683
No. of attendances at ages (in years) —					
0— ... ..	445,990	442,063	471,491	494,758	487,831
1— ... ..	82,010	80,753	84,089	88,687	87,067
2–4 (inclusive) ... ..	67,717	68,090	75,324	80,477	76,913
TOTAL ... ..	595,717	590,906	630,904	663,922	651,811
Average attendances per session ... ..	45	44	46	47	44

County Council medical officers conducted 10,731 of the 14,669 sessions held during the year under report, 3,750 were conducted by health visitors and the remaining 188 by general practitioners employed on a sessional basis. Of the 80,683 children who attended, 2,367 were referred, as a result of medical examination, either to a general practitioner or direct to a specialist for diagnosis and/or treatment. This total does not include children found to have a temperature or a cold or some minor condition whose mothers are advised that this warrants a visit to the family doctor.

The percentage of children, in age groups, who took advantage of the facilities at child welfare centres is shown in the following statement :—

						Under 1 year	1-4 years inclusive
1959	...	...	...	...	...	74.8	33.4
1960	...	...	...	...	...	77.7	32.4
1961	...	...	...	...	...	76.3	34.5
1962	...	...	...	...	...	78.0	34.4
1963	...	...	...	...	...	78.6	31.9

Whilst the 78.6 per cent. of all infants under one year of age represents the highest proportion so far recorded for this group there was an appreciable reduction in the ratio of other pre-school children who attended the centres during 1963. Amongst this latter group, therefore, it is all the more important that efforts to encourage their attendance should be intensified in order that defects arising during the later pre-school years may be detected and dealt with before the child enters school.

Great importance continues to be attached to the educational work of the centres and group discussions, films, film strips, posters, etc., are used widely in this work.

In addition to the facilities provided by the County Council, arrangements have existed since 1949 whereby County children from the surrounding districts may attend at centres administered by St. Helens County Borough Council, a payment per attendance being made by the County Council to the Corporation. The following table gives details of the attendances of County children at the St. Helens centres used during the period 1959 to 1963 :—

Year	No. of children who attended and were born in—			No. of attendances by children at ages (in years)		
	1963	1962	1958-61	0-	1-	2-4 (inclusive)
1959	11	23	10	33	11	4
1960	26	13	10	257	40	11
1961	23	18	13	241	17	7
1962	21	15	21	232	11	19
1963	39	27	11	344	24	2

Generally speaking, the facilities provided for child welfare in the Administrative County insofar as centres are concerned are fairly adequate, but alternative accommodation is required in some districts and arrangements are in hand for the opening of additional centres, particularly in districts which are becoming more populous.

The most satisfactory premises are the combined school clinic/child welfare centres which are built for the purpose. The needs of the child welfare service, however, are such that many more child welfare centres than school clinics are required and use must be made of rented premises such as Sunday schools, village halls, etc. In fact, well over half the child welfare centres throughout the County are held in premises of this type, and much good work is done in these centres although the premises are sometimes far from ideal.

At the end of 1961 the Health Committee approved in principle the building of small clinics for health services purposes, including child welfare. Building of the first of these clinics commenced in November, 1963, at Clayton-le-Moors.

**Incidence of Congenital Abnormalities.**—In January, 1963, a circular letter was received from the Ministry of Health asking for some simple scheme to be set up for voluntary reporting of congenital defects to enable a start to be made on a register of such defects. Provision was therefore made for the recording of congenital deformities observed at birth on the birth notification cards.

**Pilot Survey of the Diets of Young Children.**—A letter was received from the Ministry of Health on the 11th April, 1963, regarding a pilot survey of the diets of young children to be carried out in a number of areas including Accrington M.B., Oswaldtwistle U.D., Farnworth M.B., Urmston U.D., and Stretford M.B. About 25 children from each of these areas were involved in the survey of 450 children aged between nine months and five years and living in private families. The Ministry asked for help in arranging for these children to be given a medical and dental examination. The survey was carried out during May and June, when an investigator from the Ministry of Health visited the above areas and completed a dietary record of everything which each child ate and drank during one week. Following this, arrangements were made for the children concerned to attend local clinics where medical and dental examinations were carried out by County Council staff.



**Ascertainment of Deafness in Young Children.**—Developments which have taken place in recent years have emphasised the importance of diagnosing deafness at a very early age, for it is now recognised that most deaf children possess some residual hearing and the modern aim is to fit such children with hearing aids and to give them training as soon as possible so that they may learn to speak in a manner similar to that of a normal child.

The County Council therefore agreed in 1955 to the establishment of a special clinic at Fulwood for the diagnosis of deafness in young children, and also to the training of health visitors to carry out screening tests to confirm that young children have normal hearing.

**AUDIOLOGY CLINIC.**—The clinic was opened in January, 1956, to serve mainly the children in the northern part of the County, children in the south of the County being already served by the clinic at Manchester University and the Hearing Assessment Clinic, Crown Street, Liverpool.

The medical officer in charge is Dr. Jean Robson and four health visitors (Miss K. M. Johnstone, Miss G. K. Lamb, Mrs. J. M. Botes and Mrs. H. Shaw) are in attendance. Miss M. J. Hewitt, one of the peripatetic teachers of the deaf employed in the school health service, is also attached to the clinic and undertakes home training of the older children.

The diagnostic clinic is staffed by the medical officer and health visitors and the guidance clinic by the health visitors.

Dr. Jean Robson reports :—

“ The testing and guidance of young deaf children has proceeded as in previous years but there have been some interesting developments in the work.

During the past year two young deaf children, who had a severe deafness sufficiently marked to hold up speech development, have had a reconstruction operation on the middle ear carried out by a consultant ear, nose and throat surgeon and subsequently their hearing has become virtually normal. The ages of the children at the time of the operation were two and four years respectively. These two cases are examples of the exciting advances in the surgical treatment of deafness which are taking place, although surgical treatment of this type is still only possible in a limited number of cases.

It is also interesting that a number of babies with a slight degree of deafness, who have been referred to the clinic after having failed screening tests of hearing, have been found to be suffering from serious otitis media. After treatment by a consultant ear, nose and throat surgeon the condition has cleared and the hearing has become normal. If the condition had been left untreated a permanent deafness might have resulted.

The importance of guidance being given in the home wherever possible has become increasingly obvious. We find it very helpful because the parents of the deaf children are able to apply more easily the methods which they are shown in their own homes. The parents and child are more relaxed during the guidance session in their own environment and the member of the clinic staff is able to help them to sort out the emotional problems which invariably arise when the parents discover that their child is deaf.

During the year we have been able to loan out speech training aids for use in the home. These instruments amplify sound to a greater intensity than a hearing aid. It is very helpful for deaf children to have the opportunity of using the speech training aid for daily sessions after the parents have received training in the use of it. Recently four more of these instruments have been ordered so that the scheme of loaning out the instruments can be extended.

The work of the clinic during 1963 and the preceding four years is summarised below :—

*Sessions and Attendances*

Year	Diagnostic			Guidance		
	No. of sessions	No. of attendances		No. of sessions	No. of attendances	
		Total	Average		Total	Average
1959	68	212	3.1	22	49	2.2
1960	88	258	2.9	23	64	2.8
1961	114	323	2.8	40	80	2
1962	131	402	3.1	46	89	1.9
1963	146	479	3.3	63	149	2.4

*Note.*—The maximum number of children who can be dealt with at one session is four.

## (a) No. of individual children attending :—

(i) Old cases	...	...	...	...	...	...	...	145
(ii) New cases	...	...	...	...	...	...	...	137

## (b) New cases :—

(i) Deafness confirmed	...	...	...	...	...	...	63
(ii) Under investigation at end of year	...	...	...	...	...	...	14
(iii) Found to have normal hearing after adequate investigation	...	...	...	...	...	...	60
Total	...	...	...	...	...	...	137

(c) No. in (a) (ii) who were mentally retarded	...	...	...	17
(d) No. in (b) (i) who were mentally retarded	...	...	...	4
(e) No. in (b) (iii) who were mentally retarded	...	...	...	13

*Individual Children Attending—New Cases*

	Age (in years) at date of first attendance																					
	0—		1—		2—		3—		4—		5—		6—		7—		8—		9—		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Total attending	10	4	13	12	18	10	18	13	11	6	6	3	2	1	4	1	1	—	4	—	87	50
Deafness confirmed	6	1	7	5	6	4	7	7	4	2	4	2	—	1	3	1	—	—	3	—	40	23

*Results of Tests on the 63 Deaf Children*

(a) No. who had some hearing over the whole range of speech frequencies	...	...	...	...	...	...	61
(b) No. who possessed merely an island of hearing	...	...	...	...	...	...	2
(c) No. who did not respond to any sound stimuli	...	...	...	...	...	...	—
	...	...	...	...	...	...	63

## Of those in group (a) above :—

No. whose hearing loss was more marked in the higher frequencies	...	...	...	...	...	...	8
No. whose hearing loss was more marked in the lower frequencies	...	...	...	...	...	...	14

*Source of Reference*

Year	E.N.T. specialists		Paediatricians		Local authority medical staff		From screening tests		Others		Total	
	No. of cases	No. diagnosed as deaf	No. of cases	No. diagnosed as deaf	No. of cases	No. diagnosed as deaf	No. of cases	No. diagnosed as deaf	No. of cases	No. diagnosed as deaf	No. of cases	No. diagnosed as deaf
1959	24	17	23	9	21	13	3	1	2	—	73	40
1960	38	26	25	7	25	13	5	2	1	1	94	49
1961	26	15	29	7	33	18	3	1	3	2	94	43
1962	27	19	33	10	40	16	8	5	6	2	114	52
1963	33	24	33	6	47	21	19	10	5	2	137	63

Note.—The figures in the above table include cases still under investigation.



*Vulnerable Groups.*—Dr. Jean Robson reports that of the 63 children diagnosed as deaf amongst the new cases attending during the year, 54 fell into vulnerable groups. Some fell into more than one group but each child has been assigned to one group only according to the aetiological factor which is considered to be the most important. The distribution in the various groups is as follows :—

Group								
1	...	Children with cerebral palsy	...	...	...	...	...	—
2	...	Children with a family history of congenital deafness	...	...	...	...	...	5
3	...	Children who were premature	...	...	...	...	...	3
4	...	Children with a history of abnormality in the antenatal period	...	...	...	...	...	3
5	...	Children with a history of perinatal abnormality	...	...	...	...	...	3
6	...	Children who have had a severe illness or have been treated with streptomycin for any illness	...	...	...	...	...	3
7	...	Children who are not speaking well by the age of two years and children aged 2-5 years with speech defects	...	...	...	...	...	8
8	...	Children with a history of otitis media and/or chronic upper respiratory tract infection	...	...	...	...	...	18
9	...	Children who are not included in any of the above categories but who have some congenital abnormality	...	...	...	...	...	6
10	...	Mother suspects that child is deaf	...	...	...	...	...	5
								—
								54
								==

**SCREENING TESTS OF HEARING.**—Health visitors need special training to carry out screening tests and, by the end of 1963, 169 health visitors were qualified to carry out the tests. In addition, after consultation with Professor Sir Alexander Ewing, it was decided to arrange for the rest of the health visiting staff to have a shorter training course in the simple distracting tests suitable for children aged 7 to 16 months. In September, 1963, therefore, all the health visitors on the staff at that time who had not already been trained (about 180) attended for instruction by the Manchester University team.

An endeavour is now being made to test all babies at the age of approximately 9-12 months by these simple tests, the babies in the “at risk” or vulnerable groups being recorded separately. From September, 1963, an additional group has been added to the special groups, i.e., “Mother suspects that the child is deaf,” in order to bring the groups into line with those defined by Dr. Mary Sheridan in the Monthly Bulletin of the Ministry of Health, December, 1962.

*Screening Tests, 1963*

	No. of children tested (1)	No. failing screening tests (2)	Failure rate per 1,000 children tested (3)	No. of children in col. (2) who were—		
				Diagnosed as deaf (4)	Diagnosed as not deaf (5)	Still under consideration (6)
In vulnerable groups ...	5,243	74	14.1	30	24	20
Not in vulnerable groups ...	3,162	12	3.8	* 4	6	2

\* Two of these children were suspected of deafness by the mother prior to September, 1963.

*Screening Test Failures by Vulnerable Group, 1963*

Group	No. of children—			
	Failing screening tests	Diagnosed as deaf	Diagnosed as not deaf	Still under consideration
1. Children with cerebral palsy ... ..	2	—	2	—
2. Children with a family history of congenital deafness ... ..	3	2	1	—
3. Children who were premature ... ..	21	5	9	7
4. Children with a history of abnormality in the antenatal period...	7	4	—	3
5. Children with a history of perinatal abnormality ... ..	5	1	2	2
6. Children who have had a severe illness or have been treated with streptomycin for any illness ... ..	4	4	—	—
7. Children who are not speaking well by the age of two years and children aged 2–5 years with speech defects ... ..	10	4	4	2
8. Children with a history of otitis media and/or chronic upper respiratory tract infection ... ..	15	6	5	4
9. Children who are not included in any of the above categories but who have some congenital abnormality ... ..	2	2	—	—
10. Mother suspects that child is deaf ... ..	5	2	1	2
<b>TOTAL ... ..</b>	<b>74</b>	<b>30</b>	<b>24</b>	<b>20</b>

*Screening Test Failures by Age Group, 1963*

*(i) Children in vulnerable groups*

Age (in years) at date of test	No. of children tested	No. failing screening tests	No. diagnosed as deaf	No. diagnosed as not deaf	No. still under consideration
0–	2,491	26	11	7	8
1–	1,275	18	6	9	3
2–	681	11	4	3	4
3–	426	12	5	2	5
4 and over	370	7	4	3	—
<b>TOTAL</b>	<b>5,243</b>	<b>74</b>	<b>30</b>	<b>24</b>	<b>20</b>

*(ii) Children not in vulnerable groups*

Age (in years) at date of test	No. of children tested	No. failing screening tests	No. diagnosed as deaf	No. diagnosed as not deaf	No. still under consideration
0–	1,948	6	1	3	2
1–	693	1	*1	—	—
2–	212	1	1	—	—
3–	188	2	—	2	—
4 and over	121	2	*1	1	—
<b>TOTAL</b>	<b>3,162</b>	<b>12</b>	<b>4</b>	<b>6</b>	<b>2</b>

\* These children were suspected of deafness by the mother prior to September, 1963.



Consolidated figures for nine years are now available and these are shown in the following table :—

	No. of children tested	No. failing screening tests	Failure rate per 1,000 children tested	No. of children in col. (2) diagnosed as deaf	Rate of deafness per 1,000 children tested	No. of children still under consideration	No. of children who have moved to other areas
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
General population tested, 1955, 1956 and 1st January–31st March, 1957 ... ..	5,531	31	5·6	17	3·1	—	—
Vulnerable groups tested, 1st April, 1957–31st December, 1963 ... ..	12,056	171	14·2	77	6·4	23	*1
Others tested, 1st April, 1957–31st December, 1963 ... ..	8,927	30	3·4	†10	1·1	3	—

\* This child has moved out of the country and cannot be traced.  
† Seven of these children were suspected of deafness by parents or day nursery matron.

*Vulnerable Groups.*—The 17 deaf children diagnosed from screening tests of the general population from the 1st January, 1955, to the 31st March, 1957, and the 77 deaf children picked out from the vulnerable groups between the 1st April, 1957, and the 31st December, 1963, respectively fell into vulnerable groups as follows :—

Group									
1	...	Children with cerebral palsy	...	...	...	...	1	...	—
2	...	Children with a family history of congenital deafness	...	...	...	...	1	...	7
3	...	Children who were premature	...	...	...	...	4	...	22
4	...	Children with a history of abnormality in the antenatal period	...	...	...	...	1	...	9
5	...	Children with a history of perinatal abnormality	...	...	...	...	1	...	4
6	...	Children who have had a severe illness or have been treated with streptomycin for any illness	...	...	...	...	—	...	5
7	...	Children who are not speaking well by the age of two years and children aged 2·5 years with speech defects	...	...	...	...	6	...	16
8	...	Children with a history of otitis media and/or chronic upper respiratory tract infection	...	...	...	...	2	...	9
9	...	Children who are not included in any of the above categories but who have some congenital abnormality	...	...	...	...	1	...	3
10	...	Mother suspects that child is deaf	...	...	...	...	—	...	2
							17	...	77
							==		==

**Dental Care of Mothers and Young Children.**—In reporting on dental treatment in 1962, mention was made of a reduction in the numbers of expectant and nursing mothers receiving dental treatment in the County Council clinics and it was then stated that some decline had been anticipated following an alteration in Regulations in 1961 which permitted expectant and nursing mothers to obtain their dental treatment, including the supply and repair of dentures, free of charge from a dental practitioner of their choice on the Executive Council's lists. The present year again showed a minor fall in the number of expectant and nursing mothers attending the clinics for examination compared with 1962, but this was offset by an almost identical increase in the number of pre-school children receiving dental examinations. The numbers of maternity and child welfare patients receiving treatment in 1963 showed a minor increase over 1961 and 1962 but the nature of the treatments tended to change, as the following table shows.

Expectant and nursing mothers				Pre-school children		
1961	1962	1963		1961	1962	1963
4,395	4,203	3,919	No. examined ... ..	3,294	3,581	3,786
2,769	2,624	2,615	No. treated ... ..	2,541	2,696	2,769
1,590	1,505	1,534	No. completing treatment ... ..	1,547	1,690	1,970
9,764	9,055	8,412	No. of attendances ... ..	4,502	4,876	4,700
8,631	7,041	6,328	No. of extractions ... ..	3,959	3,681	3,907
1,475	1,621	1,444	No. of local anaesthetics ... ..	214	191	185
1,184	1,027	875	No. of general anaesthetics ... ..	1,736	1,857	1,786
897	877	844	No. of scalings ... ..	66	133	123
2,599	3,250	3,062	No. of fillings ... ..	1,565	1,810	1,635
428	115	109	No. of silver nitrate treatments ... ..	446	470	467
*3,295	*3,289	*2,912	No. of dressings ... ..	1,047	1,181	1,067
966	761	734	No. of complete dentures supplied ... ..	—	—	—
401	353	314	No. of partial dentures supplied ... ..	—	—	—
70	45	47	No. of dentures repaired ... ..	—	—	—
322	154	133	No. of radiographs ... ..	13	9	5

\* Includes operations in connection with the making of dentures.

It will be seen that more patients in the pre-school category were examined than in 1961 or 1962, but fewer expectant and nursing mothers. In total there was only slight variation in the annual numbers examined. Fewer extractions were carried out and, as could be expected, consequently fewer local and general anaesthetics were given in 1963 and the numbers of dentures supplied and repaired also continued to fall.

In addition to the above, some 3,460 children under five years of age received dental inspection in nursery schools, etc.

Much was done during the year in the field of dental health education and 64 exhibitions, talks, films and demonstrations were given throughout the County by members of the health staff. Posters and other propaganda material were widely distributed and supplemented by personal advice to parents at clinics. While an enormous task of dental health education remains it is well to remember that the time and effort devoted to this important aspect of health has been multiplied a hundred-fold over the last decade. Nor should it be overlooked that the standard of knowledge of the principles of dental hygiene amongst mothers and children alike has never been better in the history of public health dentistry. Dental caries still remains a major health problem, the elimination of which will not be accomplished except by long and intensive training in dental hygiene, by adequate treatment facilities being made available and by the use of every other available means, including the fluoridation of water supplies.

**Special Clinics, etc.**—Further facilities in relation to the welfare of pre-school children are provided at the various school clinics. The following statement shows the types of conditions for which pre-school children were examined and/or treated at these clinics during each of the past five years and the number of attendances made for the purpose :—

Type of session			No. of attendances				
			1959	1960	1961	1962	1963
Minor ailment ... ..			3,853	3,491	4,255	3,696	2,972
Ophthalmic ... ..			3,257	3,281	3,348	3,327	3,875
Ear, nose and throat ... ..			219	188	86	143	99
Orthopaedic ... ..			5,202	5,784	5,933	6,426	6,428
Ultra-violet light ... ..			2,760	2,735	2,300	2,587	2,284
Speech therapy ... ..			856	969	727	584	644
Orthoptic ... ..			868	718	954	907	1,119
Chiropody ... ..			341	514	348	335	280
TOTAL ... ..			17,356	17,680	17,951	18,005	17,701

**Family Planning Clinics.**—The County Council do not provide family planning clinics, but have arrangements with another local health authority and several local family planning associations. The arrangements provide for case payments in respect of women referred to the clinics by medical officers in the service of the County Council. The only cases which can be authorised are those who, strictly for medical reasons and in the interests of their health, require advice on birth control.



The family planning associations make their own arrangements for the renting of premises and in some instances the Lancashire Education Committee have agreed to let accommodation at school clinics.

The number of cases referred to family planning clinics during each of the last five years is given in the following analysis by health divisions and delegate districts :—

Health Division No.	No. of cases referred during—				
	1959	1960	1961	1962	1963
1	—	—	—	1	—
2	13	13	20	22	27
3	1	—	3	—	1
4	7	7	6	3	2
5	—	—	—	—	—
6	—	—	—	—	—
7	5	—	—	—	—
8	—	10	4	11	6
9	—	—	—	—	—
10	—	—	—	—	—
11	10	2	2	5	2
12	3	2	—	—	—
13	43	35	27	49	53
14	15	11	2	—	—
15	8	12	2	3	11
16	28	13	31	22	21
17	4	13	32	9	18
Delegate District—					
Crosby M.B. ...	*	*1	2	2	—
Huyton-w-Roby U.D.	*	*—	—	—	—
Middleton M.B. ...	*	*1	5	1	4
Stretford M.B. ...	*	*—	1	—	—
TOTAL— Administrative County	137	120	137	128	145

\* Figures for 1960 relate to cases referred after date of delegation. Cases referred in period prior to delegation are included in appropriate divisional totals above.

Of the 145 cases in 1963, 53 were referred to a clinic operated by Rochdale County Borough Council at Baillie Street Council School, Rochdale, and the remaining 92 to Family Planning Association clinics as follows :—

Area	Clinic	No. of cases
Ashton-under-Lyne and District ...	The School Clinic, Crickets Lane, Ashton-under-Lyne ...	18
Blackpool ...	Blackpool and Fylde Family Planning Clinic, Municipal Health Centre, Whitegate Drive, Blackpool ...	1
Bolton ...	Civic Centre, Bolton ...	5
Eccles and District...	The School Clinic, Corporation Road, Eccles ...	28
Lancaster and District ...	The School Clinic, Ashton Road, Lancaster ...	27
Leigh and District ...	Stone House Clinic, St. Helens Road, Leigh ...	1
Middleton and District ...	Durnford Street Clinic, Middleton ...	4
Preston ...	Lancaster Road Congregational Church School, Old Vicarage, Preston	2
Wigan ...	Millgate, Wigan ...	6

**Care of Premature Infants.**—The importance of the care of premature infants becomes greater relatively as the infantile mortality declines. Of the total of 960 deaths of infants under one year occurring in 1963 and assigned to the Administrative County, 137 were certified as due to prematurity unqualified by any other cause. The neo-natal mortality rate of premature babies was 144 per thousand live premature births in 1963, compared with a total neo-natal rate of 16 per 1,000 live births.

If premature babies are born at home they require special care and County Council midwives are encouraged to keep up-to-date in their knowledge of the management of premature babies by means of refresher courses and visits to premature baby units. Special cots, feeders, hot water bottles, etc., are held in each division for loan whenever the need arises.

If the premature baby requires transfer to hospital it should, if possible, be transported in a special heated carrier with facilities for the administration of oxygen. These carriers have already been provided in some hospital groups and all County Council ambulances have been fitted with an electric point in order that the heating of the carrier may be continued during the ambulance journey.

Arrangements exist whereby the special attention of health visitors is drawn to all premature births notified and such infants are visited as early as possible. This is particularly important in the case of infants born in hospital, while for babies born at home close liaison between the midwife and health visitor is imperative.

The following table analyses by weight group and place of occurrence all notified premature births assigned to the Administrative County in 1963. The totals by weight for the four previous years are also shown.

	Weight at birth											
	2 lb. 3 oz. or less		Over 2 lb. 3 oz. to 3 lb. 4 oz.		Over 3 lb. 4 oz. to 4 lb. 6 oz.		Over 4 lb. 6 oz. to 4 lb. 15 oz.		Over 4 lb. 15 oz. to 5 lb. 8 oz.		Total—5 lb. 8 oz. or less	
	Live births	Still-births	Live births	Still-births	Live births	Still-births	Live births	Still-births	Live births	Still-births	Live births	Still-births
<b>Number born—</b>												
(i) At home or in private nursing homes (including maternity homes not in the National Health Service and Mother and Baby Homes) ... ..	5	3	15	8	71	8	65	2	323	8	479	29
(ii) in hospitals, including maternity homes in the National Health Service ... ..	112	95	197	114	417	113	507	40	1,069	63	2,302	425
<b>TOTAL—1963</b> ... ..	117	98	212	122	488	121	572	42	1,392	71	2,781	454
1962 ... ..			307	224	473	127	603	52	1,493	67	2,876	470
1961 ... ..			328	196	434	143	530	55	1,388	55	2,680	449
1960 ... ..			283	214	455	135	521	53	1,286	75	2,545	477
1959 ... ..			294	182	423	137	458	45	1,296	70	2,471	434

Of the 479 premature infants born alive at home or in private nursing homes 63 were transferred to hospital, 34 of these being 4 lb. 6 oz. or less in weight.

The incidence of prematurity represented by the above totals for 1963 was 6·7 per cent. amongst live births, 61·4 per cent. amongst stillbirths and 7·7 per cent. amongst total (live and still) births.

The decline of prematurity amongst total births despite an increase amongst stillbirths during the last 10 years is shown in the statement below :—

Year	Proportion (per cent.) of prematurity amongst—		
	Live births	Stillbirths	Total births
1954 ... ..	7·6	53·6	8·8
1955 ... ..	7·6	54·4	8·8
1956 ... ..	7·5	53·4	8·7
1957 ... ..	7·3	53·9	8·4
1958 ... ..	7·3	54·2	8·3
1959 ... ..	6·9	54·0	7·9
1960 ... ..	6·8	56·3	7·9
1961 ... ..	6·9	58·4	7·9
1962 ... ..	7·1	58·5	8·1
1963 ... ..	6·7	61·4	7·7



Details of premature births taking place at home in relation to the total assigned to the Administrative County are given for each of the last five years in the following statement :—

Year	Total premature births			Premature births at home			Percentage of premature births occurring at home		
	Live births	Still-births	Total	Live births	Still-births	Total	Live births	Still-births	Total
1959	2,471	434	2,905	511	51	562	20·7	11·8	19·3
1960	2,545	477	3,022	504	44	548	19·8	9·2	18·1
1961	2,680	449	3,129	530	47	577	19·8	10·5	18·4
1962	2,876	470	3,346	562	44	606	19·5	9·4	18·1
1963	2,781	454	3,235	428	25	453	15·4	5·5	14·0

The relationship in the Administrative County during the past five years of total notified live births, premature live births and survival of the latter beyond 24 hours and 28 days is summarised in the following table :—

Year	Total notified live births	Premature live births					
		Total		Survived 24 hours		Survived 28 days	
		No.	Per cent. of col. (2)	No.	Per cent. of col. (3)	No.	Per cent. of col. (3)
		(3)	(4)	(5)	(6)	(7)	(8)
1959	35,741	2,471	6·9	2,244	90·8	2,111	85·4
1960	37,199	2,545	6·8	2,313	90·9	2,165	85·1
1961	38,911	2,680	6·9	2,425	90·5	2,290	85·4
1962	40,704	2,876	7·1	2,644	91·9	2,483	86·3
1963	41,303	2,781	6·7	2,520	90·6	2,381	85·6

A summary of the deaths within certain periods of the first month of life of the premature infants notified in 1963 whose mothers were normally resident in the Administrative County area is given by birthweight below :—

Weight at birth		Premature infants born in 1963—																	
		*At home or in private nursing homes (including maternity homes not in the National Health Service and Mother and Baby Homes)						At home or in private nursing homes and transferred to hospital						In hospitals, including maternity homes in the National Health Service					
		Died within 24 hours of birth		Died in 1 and under 7 days		Died in 7 and under 28 days		Died within 24 hours of birth		Died in 1 and under 7 days		Died in 7 and under 28 days		Died within 24 hours of birth		Died in 1 and under 7 days		Died in 7 and under 28 days	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
2 lb. 3 oz. or less	...	4	80	1	20	—	—	1	100	—	—	—	—	85	75·9	18	16·1	—	—
Over 2 lb. 3 oz. to 3 lb. 4 oz.	...	4	26·7	2	13·3	—	—	2	22·2	2	22·2	—	—	63	32·0	44	22·3	1	0·5
Over 3 lb. 4 oz. to 4 lb. 6 oz.	...	5	7·0	9	12·7	—	—	1	4·2	7	29·2	—	—	53	12·7	21	5·0	4	1·0
Over 4 lb. 6 oz. to 4 lb. 15 oz.	...	—	—	1	1·5	1	1·5	—	—	1	9·1	1	9·1	29	5·7	18	3·6	—	—
Over 4 lb. 15 oz. to 5 lb. 8 oz.	...	4	1·2	5	1·5	—	—	1	5·6	2	11·1	—	—	14	1·3	10	0·9	4	0·4
TOTAL—5½ lb. or less	...	17	3·5	18	3·8	1	0·2	5	7·9	12	19·0	1	1·6	244	10·6	111	4·8	9	0·4

\* Including any who were subsequently transferred to hospital.

Further information with regard to the premature infants referred to above is given by health divisions and delegate districts in Table 9, page 175.

**Care of Unmarried Mothers and their Children.**—Arrangements for the care of unmarried mothers and illegitimate children are carried out by the staff of the Health Committee in co-operation with the various voluntary moral welfare associations and the Children's Department. Priority in admission to the Council's day nurseries is afforded to illegitimate children in order to enable their mothers to go out to work.

The County Council do not administer any mother and baby homes. The antenatal, maternity and post-natal care of unmarried mothers in hostels is carried out through various moral welfare societies and in all but one instance payment is made entirely on a case basis. Since the 1st October, 1958, the full cost of maintenance has been met, less any contributions received from the mothers or on their behalf. The exception is the St. Monica Maternity Home, Kendal, to which an annual grant is made under the terms of an agreement between the managers of the home and five local health authorities.

Particulars of the County cases for which accommodation has been provided during the last five years are given in the following statement :—

Year					Expectant mothers	Post-natal cases	Total cases				
							No.	*Per cent.			
1959	...	...	...	...	228	...	10	...	238	...	18
1960	...	...	...	...	229	...	21	...	250	...	18
1961	...	...	...	...	272	...	15	...	287	...	18
1962	...	...	...	...	327	...	20	...	347	...	18
1963	...	...	...	...	323	...	21	...	344	...	17

\* Ratio of total cases to total registered illegitimate births assigned to Administrative County area.

The numbers of unmarried expectant mothers and post-natal cases admitted to the various mother and baby homes from each health division and delegate district during 1963 are shown in Table 10, on page 176.

**Ophthalmia Neonatorum.**—Nineteen cases of ophthalmia neonatorum were notified during 1963 in infants born to women resident in the Administrative County area, 10 occurring in hospital and nine amongst domiciliary births. In 17 cases vision was subsequently ascertained to have been unimpaired and two were still under treatment at the end of the year.

**Welfare Foods.**—Particulars of centres issuing welfare foods at the end of the year are given below, together with comparative figures for the previous year :—

	1962	1963
Child welfare centres and school clinics	241	247
Premises tenanted by the County Council for the sole purpose of distributing welfare foods	6	4
Others, <i>e.g.</i> , shops, private houses and W.V.S. centres	44	41
<b>TOTAL</b>	<b>291</b>	<b>292</b>

It is necessary to employ some part-time personnel and, in addition, valuable assistance is received from many sources, *viz.*, shopkeepers, private householders and in several instances members of the W.V.S.—a notable contribution which is greatly appreciated.

Details of quantities issued during the year, with comparative totals for the previous year, are given in the following table :—

Issued to					National dried milk (20 oz. tins)	Cod liver oil (6 oz. bottles)	Vitamin tablets (packets of 45)	Orange juice (6 oz. bottles)
Individuals	...	...	...	...	228,871	35,215	43,165	359,636
N.H.S. hospitals	...	...	...	...	2,925	54	—	1,326
Day nurseries (including factory nurseries)	...	...	...	...	44	2,504	—	6,120
<b>TOTAL—1963</b>	...	...	...	...	231,840	37,773	43,165	367,082
1962	...	...	...	...	302,405	40,564	43,050	325,353

In considering the figures shown in this table it should be borne in mind that only those hospitals requiring small quantities of welfare foods obtain supplies from County Council centres, the majority ordering direct from Ministry depots. Local Education Authorities also obtain supplies of cod liver oil for children under five years of age in daily attendance at maintained schools and nursery schools direct from Ministry depots and not from local health authority distribution centres.

**Day Nurseries.**—The total day nursery accommodation provided by the County Council at the end of 1963 is compared below with that for each of the previous five years :—

Year					Day nurseries	Child places
1958	...	...	...	...	56	2,618
1959	...	...	...	...	55	2,552
1960	...	...	...	...	53	2,487
1961	...	...	...	...	52	2,418
1962	...	...	...	...	53	2,472
1963	...	...	...	...	53	2,488



The increase in child places is due to the places of the Irlam day nursery being increased from 30 to 46 from the 1st February, 1963, this being the number originally provided. In December, 1952 the child places at this nursery were reduced from 46 to 30 and it has been found necessary to utilise all the places due to an increase in demand.

Details of attendances, etc., at County Council day nurseries during 1963 are given in the following statement together with the corresponding figures for each of the previous four years. Particulars for 1963 in respect of each health division and delegate district are shown in Table 11 on page 177.

	1959	1960	1961	1962	1963
No. of children on registers at end of year ...	2,504	2,606	2,518	2,518	2,652
No. of children on waiting lists at end of year ... ..	1,146	1,374	1,802	1,576	1,432
Total No. of attendances ... ..	464,675	468,594	473,912	465,399	477,347
* No. of children on register at end of year whose parents or guardians were categorised as :—					
Social cases ... ..	578	627	709	880	1,032
Others ... ..	1,741	1,720	1,590	1,638	1,620
† Full-time equivalent of staff employed at end of year ... ..	647	638	648	671	669

\* Figures prior to 1962 refer to parents or guardians, not to children.

† Includes domestics ; two students in training counted as one unit of staff.

TRAINING.—Of the 53 nurseries administered by the County Council at the end of 1963, 29 were approved for the training of nursery students. There were three nursery training schools in the Administrative County area at Newton-le-Willows, Rossendale and Lancaster. In addition, there were arrangements with the Burnley and Rochdale Education authorities, those with the former authority being terminated, however, at the end of the year.

In September, 1962, the Lancashire Education Committee introduced a revised “ full-time ” National Nursery Examination Board training course under which students, although no longer employees of the County Council, will continue to attend day nurseries for training in the care of children under two years of age. Students accepted under the former scheme will complete their training under existing conditions and the N.N.E.B. training scheme at Rochdale has not been altered.

Student health visitors during their training spend some three to five days in a nursery to gain practical experience in dealing with healthy children and to learn about the administration of day nurseries.

During the year two refresher courses were held, each of a week's duration—the first for matrons and the second for deputy matrons. Visits were made to various day nurseries, nursery schools and school meals kitchens.

ADMISSION TO NURSERIES.—PRIORITIES.—Priority categories were first drawn up by the County Council in 1949 when preference was given to women employed in cotton, engineering and other industries, social cases being second choice and children of women wishing to work for financial reasons third. These were revised in 1952 when social cases became first choice, women employed in cotton, engineering, etc., becoming second choice and no change being made in the third category.

Towards the end of 1957, the parents were divided into two groups only, viz : (i) Social cases, (ii) Others. Thus the original primary purpose of the day nurseries in assisting women to work in industry has now been changed to meet the needs of social cases.

“ Social cases ” are persons solely responsible for the care of young children, who must of necessity go out to work to earn a living and includes unmarried mothers, widows, widowers, mothers or fathers separated, divorced or deserted. It also includes families where the mothers are unable to look after their children owing to illness or confinement, or where ill-health of the father necessitates the mother going out to work. An addition to this was made at the last review which provided for the inclusion of children of problem families and others in need of special day-time care in the category of social cases.

During 1959 the Health Committee agreed that suitable handicapped children should be admitted to day nurseries even though their mothers did not go to work. Care has, however, to be taken that the staff of a nursery are not overburdened by the admission of too many handicapped children to any nursery but there is no doubt that in suitable cases this arrangement is of benefit to the children and their parents.

ACCIDENTS IN DAY NURSERIES.—The following table gives information about accidents to children when attending County Council day nurseries during the five years 1959-1963 inclusive.

Year	No. of accidents reported	Accident rate per 10,000 attendances by age group (in years)		
		0—	2-4 inclusive	Total under 5 years
1959	76	0·8	2·0	1·6
1960	78	1·1	1·9	1·7
1961	103	1·4	2·1	2·2
1962	118	2·6	2·5	2·5
1963	103	2·0	2·2	2·2

The injuries were mostly of a minor nature although in some cases fractures were sustained. Of the 103 cases reported, 35 were referred to hospital and 16 to the family doctor for treatment or advice.

**Nurseries and Child Minders Regulation Act, 1948.**—All premises used as day nurseries and all child minders as defined in this Act must be registered and comply with standards adopted by the Health Committee. These standards are designed to prevent overcrowding, to ensure adequate toilet facilities and in general to provide for the health and safety of the children. Periodical inspections are carried out by the County Council's medical officers to ensure that the conditions of registration are observed.

Particulars of the registrations at the end of 1963 are given by health division and delegate district in the statement below and, in total, are compared with the corresponding figures at the end of each of the preceding four years.

				Nurseries		Child Minders	
				No. registered at end of year	No. of children provided for	No. registered at end of year	No. of children provided for
Health Division No.—							
1	...	...	...	1	24	—	—
2	...	...	...	—	—	1	8
3	...	...	...	4	79	4	36
4	...	...	...	—	—	9	68
7	...	...	...	—	—	4	36
9	...	...	...	—	—	1	12
11	...	...	...	2	70	1	5
13	...	...	...	2	90	2	12
14	...	...	...	21	902	—	—
15	...	...	...	—	—	3	18
16	...	...	...	—	—	1	5
17	...	...	...	1	40	1	6
Delegate District—							
Crosby M.B.	...	...	...	—	—	1	10
Middleton M.B.	...	...	...	1	80	—	—
Stretford M.B.	...	...	...	2	85	4	21
TOTAL—1963				34	1,370	32	237
1962	...	...	...	32	1,290	33	266
1961	...	...	...	33	1,329	26	214
1960	...	...	...	31	1,207	16	110
1959	...	...	...	34	1,377	15	104

**Notified Births.**—Under the provisions of section 203 of the Public Health Act, 1936, each birth is required to be notified to the medical officer of health of the welfare authority for the area in which the birth takes place. The County Council is the welfare authority for all districts in the Adminis-



trative County, and arrangements exist whereby each birth notification is sent to the medical officer of the health division or delegate district in which the birth occurs. In this way the prompt visiting of new-born infants and their mothers by the health visitors is greatly facilitated.

The numbers of notified births occurring in each area during the year 1963 are summarised in the table below, domiciliary births and those occurring in hospitals, maternity homes, etc., being shown separately. The figures, relating as they do to births which actually occurred in the County regardless of whether or not the mothers of the children born were domiciled in the County area, thus provide an assessment of the amount of midwifery undertaken.

	In hospitals, maternity homes, etc.								In the home								TOTAL									
	Live births						Still-births		Live births						Still-births		Live births						Still-births			
	Preme- ature		Mature		Total				Preme- ature		Mature		Total				Preme- ature		Mature		Total					
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
Health Div. No.																										
1	2	3	141	160	143	163	—	—	2	4	43	42	45	46	—	—	4	7	184	202	188	209	—	—		
2	64	54	760	738	824	792	25	*18	3	4	156	150	159	154	—	1	67	58	916	888	983	946	25	*19		
3	14	24	482	490	496	514	8	1	4	6	214	187	218	193	1	—	18	30	696	677	714	707	9	1		
4	81	116	1,184	1,118	1,265	1,234	27	27	9	14	459	437	468	451	5	2	90	130	1,643	1,555	1,733	1,685	32	29		
5	28	25	661	665	689	690	3	3	5	8	256	263	261	271	4	—	33	33	917	928	950	961	7	3		
6	9	12	324	279	333	291	1	—	4	16	198	198	202	214	2	1	13	28	522	477	535	505	3	1		
7	43	46	627	559	670	605	13	13	7	10	302	262	309	272	—	1	50	56	929	821	979	877	13	14		
8	99	128	926	927	1,025	1,055	38	30	20	8	398	385	418	393	3	2	119	136	1,324	1,312	1,443	1,448	41	32		
9	120	113	1,022	895	1,142	1,008	34	39	21	35	696	655	717	690	10	5	141	148	1,718	1,550	1,859	1,698	44	44		
10	—	—	—	—	—	—	—	—	15	16	415	378	430	394	1	1	15	16	415	378	430	394	1	1		
11	147	175	1,533	1,397	1,680	1,572	41	*39	16	15	505	432	521	447	1	2	163	190	2,038	1,829	2,201	2,019	42	*41		
12	17	32	531	445	548	477	5	7	9	9	371	295	380	304	—	—	26	41	902	740	928	781	5	7		
13	68	67	810	734	878	801	24	15	12	14	223	213	235	227	2	3	80	81	1,033	947	1,113	1,028	26	18		
14	—	—	—	—	—	—	—	—	13	5	281	239	294	244	1	1	13	5	281	239	294	244	1	1		
15	—	—	—	—	—	—	—	—	10	10	355	342	365	352	2	1	10	10	355	342	365	352	2	1		
16	89	82	1,123	1,016	1,212	1,098	33	30	2	4	122	140	124	144	—	—	91	86	1,245	1,156	1,336	1,242	33	30		
17	102	90	815	746	917	836	26	29	11	17	494	469	505	486	6	5	113	107	1,309	1,215	1,422	1,322	32	34		
gate District—																										
M.B. ...	16	10	228	217	244	227	—	3	5	5	151	162	156	167	—	—	21	15	379	379	400	394	—	3		
n-w-Roby U.D.	—	—	—	—	—	—	—	—	10	18	286	262	296	280	2	4	10	18	286	262	296	280	2	4		
ton M.B.	—	—	—	—	—	—	—	—	10	9	223	212	233	221	4	3	10	9	223	212	233	221	4	3		
rd M.B. ...	7	8	279	215	286	223	4	2	6	8	135	132	141	140	—	—	13	16	414	347	427	363	4	2		
Administrative City ...	906	985	11,446	10,601	12,352	11,586	282	256	†	†	194	235	6,283	5,855	6,477	6,090	44	32	11,000	12,220	17,729	16,456	18,829	17,676	326	†288

Note.—A birth is regarded as "premature" if the birth weight is 5½ lb. or less.  
\* Includes one stillbirth, sex unknown. † Includes two stillbirths, sex unknown.

In contrast to the above table, the statement inserted below provides, for the year 1963, details of the births (a) occurring in, and (b) finally belonging to the Administrative County area after reassignment of births transferable to or from other local health authorities' areas. It will be appreciated that the latter relate to notified births and therefore, although corrected for transfers, differ in some small degree from the numbers of registered births used for the calculation of vital statistics in other sections of the report.

	In hospitals, maternity homes, etc.								In the home								TOTAL										
	Live births						Still-births		Live births						Still-b'ths		Live births						Still-births				
	Preme-ture		Mature		Total				Preme-ture		Mature		Total				Preme-ture		Mature		Total						
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.					
No. occurring Administrative y ... ..	906	985	11,446	10,601	12,352	11,586	282	256	*	194	235	6,283	5,855	6,477	6,090	44	32	1,100	1,220	17,729	16,456	18,829	17,676	326	288	*	
transferred out Administrative y to areas of L.H. authori- ... ..	317	361	3,484	3,248	3,801	3,609	100	100	1	2	29	24	30	26	—	1	318	363	3,513	3,272	3,831	3,635	100	101			
occurring in and gling to Admini- ve County ...	589	624	7,962	7,353	8,551	7,977	182	156	*	193	233	6,254	5,831	6,447	6,064	44	31	782	857	14,216	13,184	14,998	14,041	226	187	*	
transferred into Administrative y from areas ther L.H. au- thorities... ..	548	592	5,843	5,260	6,391	5,852	165	160	1	1	9	10	10	11	—	1	549	593	5,852	5,270	6,401	5,863	165	161			
No. belonging Administrative y ... ..	1,137	1,216	13,805	12,613	14,942	13,829	347	316	*	194	234	6,263	5,841	6,457	6,075	44	32	1,331	1,450	20,068	18,454	21,399	19,904	391	348	*	

Note.—A birth is regarded as "premature" if the birth weight is 5½ lb. or less.  
\* Includes two stillbirths, sex unknown.

After the slight reversal of 1962, the downward trend of recent years in the proportion of County births occurring at home was continued in 1963 to the lowest point yet reached since the commencement of operation of the National Health Service Act in 1948—*viz.*, 30 per cent. For the first time, therefore, the complementary proportion of births occurring in hospitals, maternity homes, etc., after having fluctuated within two or three per cent. of this level for more than 10 years, achieved the standard of 70 per cent. recommended in the Report of the Maternity Services Committee (the Cranbrook Report) as being adequate to meet the needs of all women in whose case the balance of advantage appears to favour confinement in hospital. Its attainment, however, has largely depended upon a reduction in the length of stay in hospital. The resultant increase in visits paid by County Council midwives to mothers discharged before the 10th day after confinement may be seen for the years 1961-63 in the table on page 66 (the figures quoted for earlier years are not directly comparable).

The ratio of institutional to domiciliary births for each of the last five years is shown in the following statement :—

Year	Proportion (per cent.) of notified births assigned to Administrative County area and occurring—		
	In hospitals, maternity homes, etc.	In the home	
1959 ... ..	68.1	31.9	
1960 ... ..	68.2	31.8	
1961 ... ..	68.4	31.6	
1962 ... ..	68.2	31.8	
1963 ... ..	70.0	30.0	

### MIDWIFERY

The County Council provide a midwifery service by the employment of full-time midwives in urban areas and district nurse-midwives in the rural areas. The conduct of the service within the general framework of County Council policy is delegated to the councils of Crosby M.B., Huyton-with-Roby U.D., Middleton M.B. and Stretford M.B. The numbers employed on the 31st December, 1963, including those in the delegate districts, are shown in the statement below in comparison with those employed in the previous four years.

		No. employed at end of year								
		1959		1960		1961		1962		1963
Midwives ...	...	183	...	197	...	204	...	223	...	235
Nurse-midwives ...		61	...	65	...	70	...	70	...	73

Supervision of the midwives throughout the Administrative County area, including the delegate districts by agreement, is carried out by a non-medical supervisor of midwives, a deputy and two assistant supervisors, whilst the nurse-midwives are supervised by the district nursing superintendents.

Confinements occurring in the Administrative County area again increased. Whilst those attended by domiciliary midwives fell below the 1962 peak they exceeded the annual total for each of the ten years 1952 to 1961.

Of the total confinements attended by midwives in the Administrative County area, the proportion attended by County Council midwives and nurse-midwives decreased from 35.9 per cent. in 1962 to 34.3 per cent. in 1963.

The following table shows the number of confinements attended by midwives in the various services during each year from 1959 to 1963. These figures do not include miscarriages.

		Total confinements attended				
		1959	1960	1961	1962	1963
(a) Local Health Authority services—						
County Council midwives ... ..	...	10,867	11,298	11,775	12,373	11,844
County Council nurse-midwives ...	...	676	720	732	772	725
(b) Hospital services—						
In State hospitals ... ..	...	20,577	21,344	22,032	22,911	23,534
In voluntary hospitals ... ..	...	—	—	—	—	—
(c) In private practice—						
Domiciliary ... ..	...	17	10	8	8	5
Nursing homes, etc. ... ..	...	524	547	562	561	583
TOTAL—All services ... ..	...	32,661	33,919	35,109	36,625	36,691



In addition to these confinements, County Council midwives and nurse-midwives attend cases discharged from hospital before the end of the minimum lying-in period as defined by the Central Midwives Board. The number of such cases dealt with in 1963 was 6,989—an increase of 1,033 over 1962—and 26,375 visits were made.

The County Council midwives and nurse-midwives also attended 225 miscarriages.

**Oxygen Resuscitators.**—At the end of the year 296 midwives and nurse-midwives were in possession of oxygen resuscitators.

**District Training of Pupil Midwives.**—Forty-five of the County Council's midwives are approved by the Central Midwives Board as pupil midwife teachers and give instruction in domiciliary midwifery to pupil midwives taking their Part II training. During the year 121 pupils, sent from six hospitals situated in the Administrative County area, completed their district training under these arrangements.

**Post-Graduate Training.**—In accordance with the rules of the Central Midwives Board, 52 County Council midwives and nurse-midwives attended a residential refresher course during 1963.

In addition, three of the County Council's supervisory midwifery and nursing staff attended a residential post-graduate course for supervisors of midwives at Bedford College, London, from the 31st March to the 5th April, 1963.

**First-Aid in Midwifery.**—As in previous years the County supervisor of midwives gave a number of lectures on "First-aid in midwifery" to police personnel at the County Police Training Centre, Stanley Grange, Houghton. Lectures were also given by the supervisor and her assistants to newly appointed ambulance drivers and attendants.

**Motor Transport.**—At the end of 1963, 209 of the 230 whole-time midwives employed were using a motor car for official duties. Forty-eight of the cars were owned by the County Council, the remainder being privately owned. Details of transport used by nurse-midwives are given in the home nursing section of this report.

**Pupil Midwives' Hostel, Kirkby.**—During the year 20 pupil midwives stayed at the hostel whilst undertaking their three months district training. In addition to relieving pressure on the midwives working in Kirkby the provision of the hostel has stimulated recruitment to the County Council's domiciliary midwifery service.

**Housing of County Council Midwives.**—Of the 230 whole-time midwives employed on the 31st December, 1963, 58 occupied houses owned by the County Council, 47 occupied houses rented by the County Council from local district councils, two occupied houses rented by the County Council from private owners, whilst 11 occupied houses let direct to them by local district councils. The remaining 112 midwives provided their own living accommodation.

## STATISTICS

### INFORMATION RELATING TO ALL THE MIDWIFERY SERVICES IN THE ADMINISTRATIVE COUNTY AREA

**Roll of Midwives.**—The following table shows the distribution of all midwives on the County roll on the 31st December, 1963, in the various types of service :—

Type of service	Midwives	
	Total No.	No. qualified to give inhalational analgesia
(a) Local Health Authority services—		
County Council midwives ... ..	235	234
County Council nurse-midwives ... ..	73	72
(b) Hospital services—		
In State hospitals ... ..	328	319
In voluntary hospitals ... ..	—	—
(c) In private practice—		
Domiciliary ... ..	6	4
Nursing homes, etc. ... ..	13	13
<b>TOTAL—All services ... ..</b>	<b>655</b>	<b>642</b>

# INFORMATION RELATING TO THE COUNTY COUNCIL MIDWIFERY SERVICE

The following table gives the numbers of confinements and miscarriages attended by midwives and nurse-midwives employed by the County Council in the Administrative County area during 1963 and the four previous years :—

	1959		1960		1961		1962		1963	
	Mid-wives	Nurse-mid-wives	Mid-wives	Nurse-mid-wives	Mid-wives	Nurse-mid-wives	Mid-wives	Nurse-mid-wives	Mid-wives	Nurse-mid-wives
Confinements ...	10,867	676	11,298	720	11,775	732	12,373	772	11,844	725
Miscarriages ...	263	13	261	31	207	16	235	15	207	18
TOTALS... ..	11,130	689	11,559	751	11,982	748	12,608	787	12,051	743
	11,819		12,310		12,730		13,395		12,794	

The numbers of visits made by County Council midwives and nurse-midwives during 1963 are given below, together with the figures for the previous four years.

	VISITS PAID				
	1959	1960	1961	1962	1963
Midwives ... ..	298,286	307,235	300,639	311,289	304,675
Nurse-midwives ... ..	22,333	23,346	22,110	23,678	21,218
TOTAL ... ..	320,619	330,581	322,749	334,967	325,893
*Night visits ( <i>i.e.</i> , between 9 p.m. and 8 a.m.) ... ..	15,364	17,064	17,334	18,435	17,511
Visits to mothers confined in hospital and discharged before the 10th day ... ..	†21,496	†18,583	16,484	21,760	26,375

\* Included in totals above. † From 1st July, 1960, the Midwives (Amendment) Rules, 1960, reduced the minimum "lying-in period" from 14 to 10 days and these visits are recorded in accordance with the definition then in force.

Particulars of bookings of the general practitioners in connection with the confinements attended in 1963 by County Council midwives and nurse-midwives and of the actual presence of the doctor at delivery are given in the following table. The total births resulting from these confinements are also analysed as to presence of the doctor at delivery.

	CONFINEMENTS					TOTAL BIRTHS		
	Doctor not booked		Doctor booked		Total	Doctor present at delivery	Doctor not present at delivery	Total
	Doctor present at delivery	Doctor not present at delivery	Doctor present at delivery	Doctor not present at delivery				
Midwives ... ..	26	328	1,773	9,717	11,844	1,812	10,072	11,884
Nurse-midwives ... ..	5	18	275	427	725	281	445	726
TOTAL ... ..	31	346	2,048	10,144	12,569	2,093	10,517	12,610

Of the 12,569 mothers attended in confinement by County Council midwives and nurse-midwives 12,192 or 97·0 per cent. had also booked a doctor. The doctor was present at the delivery in 2,048 or 16·8 per cent. of these 12,192 cases. There was no doctor present at 10,490 deliveries—83·5 per cent. of the total attended by all midwives. For comparison, in 1962 a doctor was booked at 96·3 per cent. of the cases attended by County Council midwives and nurse-midwives and was present at the delivery of 18·5 per cent. of these. In that year there was no doctor present at 82·0 per cent. of the total cases attended by midwives.



Midwives encourage their patients to book also with a doctor and a small card is used by the midwife to inform the doctor (with the patient's permission) that a particular patient has been booked. The doctor then informs the midwife whether and at what stage of labour he wishes to be called. It is gratifying to see that the proportion of patients who book a doctor is still increasing.

The following statement gives information on the administration of gas/air analgesia, pethidine and trilene during 1963 :—

	Gas/Air				Pethidine		Trilene alone
	Alone	With Pethidine	With Trilene	With Pethidine and Trilene	Alone	With Trilene	
Midwives—							
Doctor present at delivery ...	10	30	3	33	132	859	571
Doctor not present at delivery ...	34	133	10	107	747	4,325	3,687
Nurse-midwives—							
Doctor present at delivery ...	17	28	2	8	17	143	47
Doctor not present at delivery ...	26	48	4	17	16	186	107
TOTAL ...	87	239	19	165	912	5,513	4,412

The changing pattern in the use of the different types of analgesic during the last five years is shown below :—

Year	Total confinements attended by County Council midwives and nurse-midwives	Confinements at which any analgesic was administered		Confinements at which the following analgesics were administered					
				Gas/Air		Pethidine		Trilene	
		No.	*Per cent.	No.	*Per cent.	No.	*Per cent.	No.	*Per cent.
1959	11,543	10,473	91	1,462	13	6,320	55	8,753	76
1960	12,018	10,875	90	1,284	11	6,570	55	9,426	78
1961	12,507	11,395	91	950	8	6,922	55	10,000	80
1962	13,145	11,949	91	672	5	7,283	55	10,654	81
1963	12,569	11,347	90	510	4	6,829	54	10,109	80

\* Of total confinements attended by County Council midwives and nurse-midwives.

The relationship of the numbers of live and still births attended by County Council midwives and nurse-midwives to both domiciliary and total domiciliary and institutional live and still births occurring in the Administrative County is shown in the statement below :—

	1959	1960	1961	1962	1963
(a) Total No. of live and still births occurring in the Administrative County ...	33,049	34,293	35,444	36,978	37,119
(b) No. of (a) which were domiciliary ...	11,678	12,146	12,611	13,254	12,643
(c) No. of (b) which were attended by County Council midwives and nurse-midwives ...	11,609	12,075	12,558	13,208	12,610
(d) Percentage of (c) to (a) ...	35.1	35.2	35.4	35.7	34.0
(e) Percentage of (c) to (b) ...	99.4	99.4	99.6	99.7	99.7

Of the total births to mothers normally resident in the Administrative County area 30.0 per cent. were domiciliary (see page 64).

In the following statement particulars are given, for 1963 and each of the four preceding years, of deaths of mothers and children amongst cases attended by County Council midwives and nurse-midwives :—

	1959	1960	1961	1962	1963
<i>Deaths of mother or child (including deaths after removal to hospital)—</i>					
No. of live and still births attended ...	11,609	12,075	12,558	13,208	12,610
No. of deaths of mother ... ..	2	3	4	1	6
No. of deaths of child ... ..	82	74	75	87	55

The fact that six women who were booked for home confinement died in 1963 is a cause for concern. Of the six, only one patient fulfilled all the accepted criteria for a home confinement and also had a normal antenatal period. Four women should have been booked for hospital confinement on account of age and/or multiparity and the fifth developed an abnormality during the antenatal period for which she delayed to follow the midwife's advice.

The older multipara is notoriously reluctant to have her baby in hospital and often insists on remaining at home in spite of the advice of the doctor and midwife. The County Council midwives are urged to do everything in their power to persuade such women to book for a hospital confinement but if a woman steadfastly refuses to accept the advice, the midwife, of course, has to take the responsibility of attending her at home.

HEALTH VISITING

The health visiting service of the County Council is provided by the direct employment of qualified health visitors, who also perform the duties of school nurse within the school health service, and tuberculosis visitors who are primarily engaged in domiciliary visiting. In Crosby M.B., Huyton-with-Roby U.D., Middleton M.B. and Stretford M.B. the conduct of the service within the general framework of County Council policy is delegated to the respective district councils.

The professional supervision of the service in the Administrative County, including the delegate districts by agreement, is carried out by the superintendent health visitor, a deputy and six assistants. At the end of the year there were 388 health visitors/school nurses, compared with 374 at the end of 1962, and 43 temporary school/clinic nurses assisting the health visitors with school health work and in clinics. There were also 25 tuberculosis visitors, compared with 28 at the end of 1962. In some areas the work of the tuberculosis visitors has been amalgamated with that of the health visitors. While the situation improves each year the number of health visitors employed still falls short of the authorised establishment, in spite of continuous efforts to recruit the required staff.

The County Council continued with the scheme instituted in 1948 under which, in order to stimulate recruitment, financial assistance is granted to nurses undertaking training for the health visitor's certificate. During the year 21 nurses were assisted in this way and all succeeded in obtaining the certificate.

Details of visits paid by health and tuberculosis visitors in the Administrative County area during each of the last five years are shown below and similar information by health division and delegate district for 1963 is given in Table 12, page 178, together with an analysis of the cases visited, classified in accordance with the requirements of the Ministry of Health.

Year	Visits paid by health and tuberculosis visitors to—								Total
	Expectant mothers	Children under 5 years	Adults (excl. expectant mothers and tuberculous)		Tuberculosis				
					Cases		Contacts		
			Under 65	65 and over	Under 65	65 and over	Under 65	65 and over	
1959	16,690	473,444	70,821		54,033		46,398		661,386
1960	18,099	503,696	85,870		50,676		44,855		703,196
1961	18,465	511,131	87,974		45,620		44,557		707,747
1962	18,044	518,740	92,829		39,490		42,990		712,093
1963	20,666	475,071	24,103	55,530	32,307	2,401	39,093	1,351	650,522

Health visitor students from the Liverpool, Bolton, Bradford, Manchester, Leeds and London training schools accompanied health visitors in various parts of the County for practical training, which necessitated considerable planning and follow-up on the part of the supervisory staff. Student nurses from hospitals, student nursery nurses and students from the social studies departments of Manchester, Liverpool and Edinburgh Universities spent time with the health visitors to gain an understanding of their work. A further group of students taking part in the new integrated nurse training course at Manchester University accompanied the health visitors for their practical training.



An essay by a student nurse written after she had spent a day with a health visitor during the course of her hospital training is reproduced below as it gives a good indication of the value of such visits in widening the experience of the nurse while she is in hospital. It is most important that hospital staff should be aware of all the domiciliary services available for their patients in order that full use can be made of them.

"I met Mrs. B., the Lancashire County Council health visitor, soon after 9 a.m. on the appointed day. After a brief general talk regarding the health visiting service and an explanation from Mrs. B. as to what she hoped to accomplish that day, we made our way towards a large sprawling country district which is badly served by public transport. This itself raised quite a problem because old people and mothers with young children often found it difficult to attend the clinics, which inevitably increased the number of home visits to be made by the health visitor.

Our first call was a small mixed junior school where we assisted the school doctor to examine new entrants as well as those who had been referred back from previous visits. The children were thoroughly examined, special attention being paid to posture, teeth, eyes, throats, and their general build and development in relation to age. This, I could see, is an important service to the children, as the finding of such troubles as flat feet, poor eye-sight or bad posture may be more easily corrected early and so contribute to the future health and happiness of the child. It also occurred to me how poor eye-sight or continued absence from school due to avoidable sickness could predetermine a child's career. Some mothers came with their children, and this is encouraged by the health visitor, as mother can help in undressing and dressing, and this makes some children less apprehensive. It also gives mother the opportunity to discuss any problems she may have regarding her child, and helps to establish a happy relationship between the doctor, the health visitor and the family.

The afternoon was spent in going around the country district calling on people in their homes. I was particularly interested in the following two people and the way in which their problems were being solved.

Mildred, a middle-aged lady with a low I.Q., unable to read or write, was discovered by the health visitor living with her mother. She rarely went out and was very withdrawn. Now, owing to the efforts of Mrs. B., she is conveyed twice weekly to a handicraft centre and is beginning to take an interest in herself and her surroundings. She is more alert, much happier, and less of a trial to her mother, who is elderly.

The other person is an old lady who lives with her large black cat in a picturesque old thatched cottage which is damp and without mains' services; therefore all lighting and cooking is done by oil. This delightful old lady is quite a character, fairly active, but is really a problem, due mostly to her failing sight. Spectacles have been supplied to her, but so far all efforts to persuade her to wear them have been fruitless as she insists that she can see better without them. The health visitor is always welcome here, and has helped by contacting a local voluntary association which has supplied her with a battery wireless. This helps to keep the old lady in touch with outside affairs and, combined with fairly frequent visits by the health visitor, gives her the feeling that she is not alone and uncared for.

These are only two of the interesting and thought-provoking homes which I was privileged to enter. The experience made me realise the real need for trained people to work in this field of nursing, who have the ability to keep an open mind and are understanding, tactful, tolerant and friendly.

From this brief glimpse into the work of the health visitor, I could see that her frontiers are not always easily defined. Her work covers mental health, care of the elderly, married and unmarried mothers, babies and children. Working in close co-operation with many other welfare and health services, she attempts to bridge the gap between people who are in need of help and those who can give it."

Lectures were given by the senior staff to student nurses in hospital, at a ward sisters' refresher course and to a pre-nursing course at one of the technical colleges. Talks were also given at careers conventions on careers from nursery nursing through general and specialised training to the fields of postgraduate study.

Two health visitors again gave courses of talks to the mothers in the moral welfare homes at Wiltshire and Lancaster. Two other health visitors continue to act as health tutors to nursery students and nursing cadets at Morecambe and at Rossendale College of Further Education. Many more talks were given by the health visitors to such varied groups as the St. John Ambulance Brigade, Junior Red Cross, Mothers' Unions, Young Wives' Fellowships, Old People's Clubs, Old People's Welfare Training Groups, Parent Teacher Associations, Girls' Life Brigades, Young Farmers' Clubs, Youth Clubs, Girls' Junior Air Corps, Women's Institutes, Social Workers' Groups, Rotary, Inner Wheel and professional women's associations.

Mothers' clubs are continuing to flourish in several areas and help to form a much closer liaison between the parents attending and the health visitors. Talks are arranged on all aspects of mothercraft, health education and allied subjects, whereby a wider appreciation and understanding of the local health authority and other services is developed and the interest of the parents maintained in the well being of their families. In one area a small discussion group was held in the evenings, meeting in various mothers' homes because of the geographical location. This seems to have met the need in this area and attendances, though small, were regular.

The health visitors continued to carry out screening tests of hearing on young children. In September, 1963, approximately 180 more health visitors were trained to do such tests on children from 7 to 16 months old, and efforts are now being made to screen all children aged 9-12 months to ascertain whether or not their hearing is normal (see page 53 for further details). Home guidance was given to deaf children by the two specially trained health visitors working from the Fulwood Audiology Clinic and Manchester University Clinic respectively. The work at the audiology clinic at Fulwood continued to expand and the health visitors' sessions for this work have increased.

The amount of teaching in schools and clinics by health visitors continued to increase. More head teachers asked for the health visitors to take part in health education work in schools and in some schools, including grammar schools, one session per week was set aside for talks by health visitors. Talks to senior boys and girls on first aid continued in accordance with the syllabus for the Duke of Edinburgh Award and one health visitor organised a display with the girls she had been teaching to depict "Child Care" for the visit of the Duke of Edinburgh to Leigh in the summer. The facilities provided at the new clinics have encouraged educational work, especially with ante-natal clinics and relaxation classes. The health visitors assisted at dental health exhibitions in various divisions of the County.



Active co-operation between the health visitors and general practitioners continues to increase and is fostered in all areas. Efforts are made by new staff to get to know the general practitioners in their areas and all health visitors are encouraged to contact general practitioners to discuss cases with them. Many general practitioners also contact the health visitors regarding specific cases. In two areas health visitors attend child welfare sessions held by general practitioners in their surgeries and are thus able to interview the mothers as well as discuss the cases with their doctor. In one health division two schemes are in operation where a health visitor is linked with a group of general practitioners. There is a slight difference in the way these two schemes operate but both seem to be bringing good results.

Co-operation with the geriatrician varies in form, e.g., in one division a health visitor accompanies the geriatrician on domiciliary visits, 271 such visits being made during the year.

Liaison with hospitals continues to expand and in many areas health visitors, on a rota basis, attend paediatric clinics. Paediatricians thus come to know the health visiting staff and discuss cases with them and have expressed appreciation of the value of this close co-operation. Some health visitors attend hospital antenatal clinics and also visit the maternity wards so that they meet the mothers before and after their babies are born to help with any problems. In one division a monthly meeting is held at the main hospital when clinical work in relation to the expectant mother and after-care of mothers is discussed. The consultant staff attend together with the hospital and domiciliary midwives, district nurses and health visitors. Co-operation between health visitors and hospital almoners continues to prove of value.

In Health Division No. 4 at Chorley Hospital and Sharoe Green Hospital two health visitors are attached to the diabetic clinic for liaison purposes and this is proving a very useful piece of work.

Members of the staff again attended post certificate refresher courses organised by the Royal College of Nursing and the Health Visitors' Association. Many attended the intensive teaching courses organised by the Health Visitors' Association, the Central Council for Health Education course and courses run by other local authorities. Much benefit has obviously been derived from attendance at teaching courses and the staff are applying what they have learned in their work.

The annual one-day conference for the health visiting staff was held at the Harris College, Preston, on the 5th March and repeated on the 12th March. The speakers were Mr. A. McDowell, consultant plastic surgeon, Wythenshawe Hospital, on "Burns and Scalds," and Dr. M. D. Sheridan, medical officer, Ministry of Health, on "The importance of early identification of handicapped children." Following the lectures there was general discussion in which various questions were answered.

*Screening for Phenylketonuria.*—Since May, 1961, arrangements have existed for health visitors to undertake the routine testing of the urine of infants for phenylketonuria and the results are shown in the table below. Since the scheme started and up to approximately the end of September, 1963, one test was carried out at 4–6 weeks of age but since that date, on the recommendations of the Ministry of Health, this has been preceded by a test at the age of 10–14 days where arrangements could be made. There are now 12 children in the County area known to be suffering from this condition and they call for concentrated after-care by the health visitors regarding the special diet necessary. The health visitors attended the paediatric clinics with these children during the year and maintained close liaison with the consultants.

Year	No. of tests	No. positive to screening tests	Failure rate per 1,000 tests	Results of further investigation		
				Phenylketonuria confirmed	Rate of phenylketonuria per 1,000 tests	Phenylketonuria not confirmed
1963 (from October)	8,221	1	<i>Tests carried out at ages of 10–14 days</i>			1
			0·12	—	nil	
1961 (from May)	15,347	—	<i>Tests carried out at ages of 4–6 weeks</i>			—
			nil	—	nil	
			0·09	1	0·03	
			0·23	4	0·12	
1962	32,295	3				2
1963	34,403	8				4
Total	82,045	11	0·13	5	0·06	6



## HOME NURSING

The County Council provide a domiciliary nursing service by the direct employment of whole-time district nurses. The exercise of this function within their respective areas is delegated to the councils of Crosby M.B., Huyton-with-Roby U.D., Middleton M.B. and Stretford M.B.

**Staffing.**—Details of the numbers of staff employed in 1963 and in each of the four preceding years, including those in the delegate districts, are given in the statement below :—

Staff category	1959	1960	1961	1962	1963
District nurses (general nursing only) ... ..	351	373	378	407	427
District nurses (general nursing and midwifery) ... ..	57	62	61	64	65
District nurses (general nursing, midwifery and health visiting) ... ..	4	3	6	5	7
<b>TOTAL</b> ... ..	<b>412</b>	<b>438</b>	<b>445</b>	<b>476</b>	<b>499</b>

Of the 499 nurses employed on the 31st December, 1963, 422 were state registered of whom 376 or 89 per cent. were " district " trained, and 77 were state enrolled nurses engaged in the main in nursing the aged and chronic sick. In addition 10 nurses were employed part-time and were engaged in general nursing.

The supervision of district nurses, including those in the delegate districts by agreement, was carried out by a superintendent, a deputy superintendent and nine assistants.

**Cases Attended.**—In the following statement particulars are given of the number of cases attended by the district nurses during 1963 together with the number of visits involved. For comparative purposes, corresponding figures for the previous four years are also given.

	1959	1960	1961	1962	1963
General nursing cases attended ... ..	46,497	43,848	44,029	43,403	45,259
No. of visits paid to these cases ... ..	1,277,760	1,261,008	1,269,422	1,274,043	1,308,392
Average No. of visits per case... ..	27.5	28.8	28.8	29.4	28.9
No. of casual advisory visits ... ..	55,734	50,970	49,832	55,407	66,038
No. of other advisory interviews ... ..	28,247	39,951	40,113	50,347	71,110

Whilst the 45,259 cases attended during 1963 represented the highest total for four years, this had been exceeded annually during the six years 1954–59 and was substantially below the peak total of 1957 (49,291 cases). On the other hand more visits were made in 1963 to general nursing cases on the books than in any previous year. The continuing increase in numbers of casual advisory visits and other advisory interviews will also be noted.

**Analysis of Completed Cases.**—Most of the revealing statistical information about a home nursing case can only be ascertained when attendance has ceased and the case can be regarded as closed. Of the 45,259 patients attended by County Council home nurses during 1963 those removed from the books numbered 30,026, the equivalent proportion of 66.3 per cent. being identical with that recorded in the previous year. This proportion has declined fairly steadily since the first analysis was undertaken in 1952, when terminated cases amounted to 80 per cent. of the total attended.

The 30,026 cases terminated in 1963 are analysed in the following table in order of frequency of disease or ailment and by age group. A similar but more detailed statement is given in Table 13, page 179.

Disease or ailment	Total cases	Age group (years)				
		0-	5-	15-	45-	65-
Senility and other ill-defined conditions ... ..	5,100	38	63	712	1,358	2,929
Diseases of respiratory system (other than tuberculosis) ... ..	3,571	403	125	679	853	1,511
Diseases of digestive system ... ..	3,197	106	156	615	963	1,357
Anaemias and other blood diseases ... ..	2,794	7	5	559	637	1,586
Diseases of the central nervous system ... ..	2,708	—	9	105	522	2,072
Diseases of the heart and circulatory system ... ..	2,352	5	3	115	653	1,576
Cancer ... ..	1,864	2	6	121	705	1,030
Diseases of the genito-urinary system ... ..	1,624	246	23	397	370	588
Diseases of the skin ... ..	1,599	63	81	330	413	712
Accidents, injuries, etc. (including burns and scalds)	1,439	149	95	228	291	676
Diseases of bones and organs of movement (including rheumatism and arthritis) ... ..	905	2	17	88	224	574
* Infective and parasitic diseases ... ..	858	44	35	312	251	216
Diabetes ... ..	467	2	6	13	120	326
Diseases of eye, ear and mastoid process ... ..	352	111	73	70	39	59
Mental, psychoneurotic disorders ... ..	163	—	—	34	54	75
All other conditions ... ..	1,033	32	20	793	101	87
TOTAL—All conditions ... ..	30,026	1,210	717	5,171	7,554	15,374

\* Including tuberculosis of respiratory system.

There was no significant change in the over-all pattern of attendance upon the cases terminated during the year. The average duration of treatment again showed a slight increase—to a new high level of 15·5 weeks. On the other hand, the average number of visits per case, which in the past has consistently risen with each increase of the previously mentioned average, declined fractionally from 34·7 in 1962 to 34·5. The average number of visits per case per week remained unchanged at the level of 2·2. These averages, of course, relate to all types of cases. The wide divergence existing between specific averages for the various diseases or ailments is shown in the following table relating to each of the last five years :—

Disease or ailment	Average duration of treatment (weeks)					Average No. of visits (day and night)					Average No. of visits per case per week				
	1959	1960	1961	1962	1963	1959	1960	1961	1962	1963	1959	1960	1961	1962	1963
Tuberculosis of respiratory system ...	21·9	24·0	22·6	21·6	21·8	87·4	107·1	97·6	93·4	97·1	4·0	4·5	4·3	4·3	4·5
Other infective and parasitic diseases	5·6	7·5	7·8	7·8	6·7	20·3	24·4	24·9	26·3	25·2	3·6	3·2	3·2	3·4	3·8
Cancer ... ..	8·4	8·2	9·3	8·9	8·7	34·2	35·1	39·0	36·1	37·1	4·1	4·3	4·2	4·0	4·3
Diabetes ... ..	32·3	41·4	32·0	37·6	29·4	184·8	194·4	174·7	201·5	153·2	5·7	4·7	5·5	5·4	5·2
Anaemias and other blood diseases ...	31·6	42·1	45·7	45·7	42·4	39·9	51·9	57·7	53·1	51·2	1·3	1·2	1·3	1·2	1·2
Mental, psychoneurotic disorders ...	16·3	9·6	10·3	9·1	13·6	26·0	17·9	26·4	20·4	28·9	1·6	1·9	2·6	2·2	2·1
Cerebral haemorrhage, cerebral embolism and thrombosis ... ..	10·4	11·9	11·7	10·8	10·1	32·5	39·7	38·8	34·2	32·2	3·1	3·3	3·3	3·2	3·2
Other diseases of central nervous system	23·7	26·8	23·8	24·1	26·4	62·1	72·3	65·0	58·9	63·7	2·6	2·7	2·7	2·4	2·4
Diseases of eye, ear and mastoid process ... ..	3·3	2·0	3·9	5·0	3·6	16·2	10·0	14·8	25·8	19·8	4·9	5·0	3·8	5·2	5·5
Diseases of heart and circulatory system ... ..	24·4	22·2	21·6	20·4	21·0	48·5	45·4	47·1	45·3	47·2	2·0	2·0	2·2	2·2	2·2
Influenza ... ..	2·2	1·8	3·9	2·6	5·9	11·0	8·5	15·1	12·0	14·1	5·0	4·7	3·9	4·6	2·4
Pneumonia ... ..	3·2	3·6	3·8	5·0	4·2	16·6	15·5	16·2	20·2	16·3	5·2	4·3	4·3	4·0	3·9
Bronchitis ... ..	4·6	5·7	4·5	4·4	4·6	15·5	18·1	16·3	14·8	17·4	3·4	3·2	3·6	3·4	3·8
Other diseases of respiratory system ...	2·2	2·5	2·8	2·5	2·9	10·7	11·9	13·4	11·1	17·0	4·9	4·8	4·8	4·4	5·9
Diseases of digestive system ... ..	4·5	4·4	4·5	4·8	4·8	12·6	13·4	13·3	15·6	13·8	2·8	3·0	2·9	3·3	2·9
Diseases of genito-urinary system ...	27·1	24·2	25·3	29·0	29·0	26·3	24·2	24·0	26·1	26·2	1·0	1·0	0·9	0·9	0·9
Diseases of the skin ... ..	7·7	8·6	9·0	12·2	10·3	26·3	26·4	28·6	37·2	32·8	3·4	3·1	3·2	3·1	3·2
Diseases of bones and organs of movement (including rheumatism and arthritis) ... ..	28·0	26·1	32·7	35·2	35·9	59·0	53·7	69·3	67·4	78·8	2·1	2·1	2·1	1·9	2·2
Senility and ill-defined conditions ...	9·9	10·0	10·0	11·7	11·4	23·3	23·8	23·4	26·2	25·5	2·4	2·4	2·3	2·2	2·2
Burns and scalds ... ..	5·7	5·0	5·6	5·8	5·7	24·9	18·7	20·4	21·4	19·1	4·4	3·7	3·7	3·7	3·4
Other accidents, injuries, etc. ... ..	9·3	9·4	7·4	9·4	9·8	26·5	26·4	24·4	25·8	26·1	2·8	2·8	3·3	2·7	2·7
All other conditions ... ..	6·5	7·0	5·7	6·4	6·2	18·2	21·3	17·6	17·7	19·9	2·8	3·0	3·1	2·8	3·2
TOTALS—Administrative County ...	13·4	14·4	14·3	15·4	15·5	31·5	33·9	33·6	34·7	34·5	2·4	2·3	2·4	2·2	2·2

In Table 14, page 180, a detailed analysis is provided of the duration of treatments and frequency of visits to the nursing cases, classified by ailment group, on which attendance ceased during 1963.

Whilst the great majority of cases have always been referred to the nurses by general practitioners there has been a slow decline in this proportion between 1952 and the year under report. During the same period the proportion referred by hospital staffs has almost continuously increased. Of the 30,026 cases terminated during the year 25,224 or 84·0 per cent. (88·1 per cent. in 1952) were referred by general practitioners and 3,541 or 11·8 per cent. (6·5 per cent. in 1952) by hospitals. The remaining calls upon the service were made directly by the patients themselves or their relatives or friends (2·1 per cent.), by public health authorities (1·8 per cent.), by chest physicians (0·1 per cent.) and from miscellaneous sources such as the police (0·2 per cent.).



The principal reasons for the cessation of the nurses' attendances on the cases under review in 1963 are summarised below. These are analysed in detail, according to disease or ailment and by health divisions and delegate districts, in Tables 14 and 15 on pages 180 and 181.

	No. of patients	Per cent. of total
Recovered, relieved or convalescent ... ..	15,834	52.7
Admitted to hospital ... ..	5,333	17.8
Died ... ..	5,012	16.7
Out-patient, X-ray, etc. ... ..	1,893	6.3
Gone away ... ..	1,211	4.0
Nurse withdrawn ... ..	658	2.2
Others ... ..	85	0.3

The statement below provides an analysis of the types and numbers of treatments which were involved in the cases upon which attendance ceased in 1963.

Nursing treatment	No. of cases	Proportion of total (per cent.)
General nursing care ... ..	7,542	25.1
General nursing care with injections ... ..	955	3.2
General nursing care with dressings and poultices ...	472	1.6
General nursing care with bladder lavage, rectal lavage, catheterisation or enemata ... ..	302	1.0
Septic dressings and poultices ... ..	1,486	4.9
Dry dressings ... ..	3,220	10.7
Burns and scalds—dressings and treatments ...	423	1.4
Pre-operative treatment and pre-X-ray ... ..	1,821	6.1
Blanket baths (once, twice or thrice weekly) ...	811	2.7
Douche and pessaries ... ..	318	1.1
Bladder lavage, rectal lavage, catheterisation, enema, saline or washout ... ..	1,853	6.2
Injections (hypodermic or intramuscular) ... ..	10,280	34.2
Injections (hypodermic or intramuscular) with dressings	306	1.0
Operations ... ..	3	0.0
Eyes, ears, nose and throat treatments ... ..	88	0.3
Skin treatments ... ..	90	0.3
Care of patients in plaster casts and splints ... ..	21	0.1
Others ... ..	35	0.1

Treatments comprising or including injections amounted to 38.4 per cent. of the total whilst general nursing care, either alone or in conjunction with some other form of treatment, was involved in 30.9 per cent.

**Post-Certificate Training.**—During the year three training courses for state registered nurses were held at the County Council's district nurse training centre at the Garstang Road Congregational Sunday School, Preston. Forty-two County Council district nurses and three from other local health authorities qualified as district trained nurses and were enrolled as Queen's nurses.

It has for some years been the County Council's policy to employ state enrolled nurses on the district under the supervision of Queen's nurses. During the year eight County Council state enrolled nurses gained the Queen's Institute of District Nursing certificate of proficiency following an eight-week training course at the County Council's district nurse training centre. A further six state enrolled nurses, who had earlier undertaken the three-week course which the County Council inaugurated in 1956, successfully completed the written and practical assessments after a supplementary course to bring them to assessment level and they also obtained the certificate of proficiency.

The deputy superintendent of district nurses and an assistant attended the annual Standing Conference of Training Centre Superintendents which was organised by the Queen's Institute of District Nursing in London on the 18th May, 1963.

Three refresher courses were held—at London (22nd–26th July), Liverpool (12th–16th August) and Pulborough, Sussex (4th–8th November)—the theme of each course being "Rehabilitation Nursing and Posture Lifting." An assistant superintendent of district nurses attended each course.

One assistant superintendent of district nurses attended a residential refresher course organised by the Queen's Institute of District Nursing from the 1st to the 13th September. This course was held at the Bolton Training College for Teachers and the subject was "The Principles and Practice of Health Education."

Four residential refresher courses were organised by the Queen's Institute of District Nursing at Southend, London, Sheffield and Torquay and 54 County Council district nurses attended. Three residential refresher courses were arranged by the same body at the William Rathbone Staff College, Liverpool, and eight County Council state enrolled nurses and two male district nurses attended. Two district nurses attended a residential refresher course for senior district nurses which was held at the same establishment from the 10th to the 17th May and another district nurse attended a similar course from the 27th June to the 4th July.

Two assistant superintendents of district nurses also attended senior residential refresher courses at the William Rathbone Staff College, Liverpool, which were held from 23rd–30th May and 11th–18th July.

A one day refresher course was held at the County Hall, Preston, on the 29th October and repeated on the 5th November. The subject of the morning sessions was "Commonsense and Casualties" the speaker on each occasion being Dr. W. J. Ross, Senior Casualty Officer, Victoria Hospital, Blackpool. The subject of the afternoon sessions was "Chronic Chest Diseases" the speaker on these occasions being Dr. R. D. Young, Consultant Chest Physician, Beaumont Hospital, Lancaster. Approximately 240 County Council nurses and 30 nurses from other authorities attended on each occasion.

**Transport.**—The following table gives details of the number of motor vehicles in use by district nurses and nurse-midwives during the five years 1959-63 :—

Ownership of vehicles	Motor vehicles in use at 31st December									
	1959		1960		1961		1962		1963	
	Cars	Auto-cycles	Cars	Auto-cycles	Cars	Auto-cycles	Cars	Auto-cycles	Cars	Auto-cycles
District nurses and Superintendents ...	266	7	280	4	315	3	334	4	383	2
County Council ... ..	83	—	100	—	98	—	90	—	100	—
<b>TOTAL</b> ... ..	<b>349</b>	<b>7</b>	<b>380</b>	<b>4</b>	<b>413</b>	<b>3</b>	<b>424</b>	<b>4</b>	<b>483</b>	<b>2</b>
Proportion (per cent.) of total staff ...	85	2	85	1	90	1	87	1	95	0·4

*Note.*—Included under the heading "auto-cycles" are all forms of motorised bicycles, i.e., auto-cycles, scooters and motor assisted bicycles.

**Housing.**—The following table sets out details of the housing of superintendents and nurses during the past five years :—

Premises	Nurses accommodated				
	1959	1960	1961	1962	1963
Owned by County Council ... ..	54	56	60	58	61
Rented by County Council from District Councils ...	37	41	44	45	44
Rented by County Council from private owners ...	7	8	8	8	5
Rented by nurses from District Councils ... ..	32	27	18	18	14
Owned by nurses or rented by them from private owners...	292	316	331	358	386
<b>TOTAL</b> ... ..	<b>422</b>	<b>448</b>	<b>461</b>	<b>487</b>	<b>510</b>

VACCINATION

**Vaccination against Smallpox.**—The County Council, as local health authority, are responsible for making adequate arrangements for the vaccination of infants against smallpox, and for this purpose vaccination sessions are held as necessary at child welfare centres or other appropriate places. The sessions are almost invariably conducted by the divisional medical staffs although arrangements do exist whereby general practitioners may be engaged on a sessional basis to supplement them if necessary. At the same time, all medical practitioners, whether or not providing general services under Part IV of the National Health Service Act, 1946, may provide service under the County Council's arrangements for vaccination against smallpox. They are required to furnish records on a prescribed form and payment is made therefor in accordance with an agreement between the Minister of Health and the profession.

The following statement shows the numbers of primary vaccinations and re-vaccinations performed in the Administrative County during 1963 and each of the preceding five years. Similar information is given for 1963 for each health division and delegate district in Table 16, page 182. In all cases the figures, whilst relating to vaccinations and re-vaccinations actually performed during the years indicated, take into account all record cards received from general practitioners up to the 31st March, 1964.



Year	PRIMARY VACCINATIONS PERFORMED					RE-VACCINATIONS PERFORMED			
	Age in years					Age in years			
	Under 1	1–	5–	15–	Total	Under 5	5–	15–	Total
1958	16,077	1,511	963	1,203	19,754	133	425	3,422	3,980
1959	16,768	1,233	675	1,219	19,895	172	397	2,585	3,154
1960	15,759	1,384	558	1,011	18,712	181	348	2,527	3,056
1961	15,194	2,166	761	1,204	19,325	192	349	2,752	3,293
1962	21,605	14,622	29,552	36,279	102,058	1,376	14,513	57,416	73,305
1963	3,756	2,702	667	1,493	8,618	217	544	3,472	4,233

In the above table the figures for both 1962 and 1963 constitute deviations from the normal. In 1962 the incidence of smallpox in a neighbouring area created an unprecedented demand for vaccination and re-vaccination. At the end of that year a change of policy was initiated by the Ministry of Health in that local health authorities were advised that, whilst routine vaccination in the first two years of life should continue, the offer of such vaccination should preferably be made during the second year instead of at ages of four to five months. Since a large proportion of the infants due for primary vaccination in 1963 under this new policy were those already vaccinated in 1962 at the younger age it was to be expected that there would be an appreciable drop in infant vaccination acceptance during 1963. Likewise, as the majority of the children born in 1963 will become eligible for vaccination under the new policy in 1964, it is to be expected that, assuming no great variation in the desire of parents to have their infants protected, primary vaccinations will then return to a “normal” level, as exemplified by the above figures for the years 1958 to 1961.

The following table shows for the Administrative County the numbers by age groups of primary vaccinations and re-vaccinations undertaken during 1963 and each of the preceding five years at (a) clinics, etc., either by the Council’s own medical officers or by general practitioners engaged by the County Council and (b) by general practitioners in the course of their private practice. For the purposes of this table any vaccinations performed by medical staffs of hospitals have been included with the latter category. Similar information for each health division and delegate district in 1963 is given in Table 16, page 182.

Year	No. of vaccinations and re-vaccinations performed during the year																					
	At clinics														By general practitioners in course of private practice							
	By authority's medical staff						By general practitioners on sessional basis						Total all ages									
	0—years		5—years		15 years and over		0—years		5—years		15 years and over											
	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R
1958	9,572	28	247	58	101	321	213	—	9	—	—	1	10,142	408	7,803	105	707	367	1,102	3,100	9,612	3,572
1959	10,251	37	170	33	184	308	182	—	4	—	—	—	10,791	378	7,568	135	501	364	1,035	2,277	9,104	2,776
1960	10,303	48	167	38	92	286	119	—	8	—	1	1	10,690	373	6,721	133	383	310	918	2,240	8,022	2,683
1961	10,523	76	315	59	174	290	146	—	1	4	—	6	11,159	435	6,691	116	445	286	1,030	2,456	8,166	2,858
1962	20,859	336	11,908	4,369	8,494	11,502	372	10	202	30	27	54	41,862	16,301	14,996	1,030	17,442	10,114	27,758	45,860	60,196	57,004
1963	3,338	63	249	168	265	637	214	—	2	3	3	3	4,071	874	2,906	154	416	373	1,225	2,832	4,547	3,359
P—Primary vaccinations. R—Re-vaccinations.																						

P—Primary vaccinations. R—Re-vaccinations.

No instances were reported during 1963 of vaccination with which there occurred generalised vaccineinia, post-vaccinal encephalomyelitis or death from any other complication of vaccination.

**Vaccination against Poliomyelitis.**—Throughout 1963 vaccination against poliomyelitis continued to be available under local health authority arrangements to all persons who, at the time of their application for vaccination, had not reached the age of 40 years provided, in the case of infants, they were at least six months old. It was also available to persons aged 40 years or over if they were in one of the following special groups—general medical practitioners ; ambulance personnel ; hospital staff who come into contact with patients ; medical students ; practising dental surgeons, dental students, dental hygienists, student hygienists and dental surgeons’ chairside assistants ; the families of the previously mentioned groups ; expectant mothers ; and persons going to visit or reside in a country outside Europe, other than Canada or the United States of America. Anyone not included could be vaccinated by his general practitioner with inactivated poliovirus vaccine made available through the pharmaceutical service.

The more popular method of vaccination comprised three oral doses at intervals of four to eight weeks of a vaccine (Sabin) containing attenuated strains of poliomyelitis virus. The other method, now largely superseded by the oral vaccine, consisted of two injections of inactivated poliovirus vaccine (Salk) followed after an interval of some seven months by a reinforcement injection and, in the case of children aged five but under 12 years, a fourth injection at the beginning of or during school life. Single doses of the Sabin vaccine could be given in substitution for the reinforcement injections to a primary vaccination with Salk. In June, 1963, these vaccination procedures were extended by the Ministry of Health in the following manner :—



- (i) The standing arrangements for the initial reinforcement of a primary vaccination with Salk vaccine were to continue except that, where oral vaccine was given as the alternative to a third injection of Salk, pre-school infants should be given two doses separated by an interval of not less than four weeks.
- (ii) All immunised children joining school should be offered a reinforcing dose of vaccine (previously this had applied only to children vaccinated and initially reinforced with Salk vaccine).
- (iii) A reinforcing dose of vaccine should be offered to the groups of adults at special risk as defined above.
- (iv) The occurrence of a case of paralytic poliomyelitis would justify the emergency administration of a single dose of oral vaccine to all children in the neighbourhood of the case (e.g., living nearby or attending the same school) regardless of the vaccination state. Though the main objective should be the vaccination of these children, the vaccination of adults of all ages in the neighbourhood of the case might, in the light of local circumstances, be a secondary aim. Any child given such an emergency dose of vaccine should, if not already fully vaccinated, have his routine vaccination completed by further doses of oral vaccine.

The following table shows, by age groups, the numbers of primary vaccinations and reinforcement doses given during 1963 and each of the preceding five years :—

Year	Primary vaccinations completed (by age at end of year)					Reinforcement doses given (by age at end of year)				
	Under 5	5-14	Total under 15	15 and over	Total— all ages	Under 5	5-14	Total under 15	15 and over	Total— all ages
1958	50,558	99,314	149,872	18,122	167,994	3,308	18,272	21,580	255	21,835
1959	42,067	65,889	107,956	99,129	207,085	44,848	145,650	190,498	43,139	233,637
1960	24,423	8,436	32,859	44,549	77,408	33,378	50,729	84,107	85,524	169,631
1961	44,710	32,817	77,527	114,129	191,656	24,200	118,458	142,658	42,988	185,646
1962	27,946	25,951	53,897	21,519	75,416	31,390	64,169	95,559	86,544	182,103
1963	27,516	3,731	31,247	4,354	35,601	3,366	25,809	29,175	3,480	32,655

There is, of course, considerable variation in the above figures and this largely results from such factors as the availability of vaccine and the periodic extension of the programme both in terms of persons eligible for vaccination and of degree of reinforcement approved. The current rate of vaccination, however, would seem to suggest that the great majority of eligible persons willing to accept such protection have by now completed their courses and that future demand is likely to be concentrated in the pre-school group at the same sort of level as that for primary immunisation against diphtheria and whooping cough.

Sabin vaccine (oral) was used in all but 1,892 of the primary vaccinations and all but 1,726 of the reinforcements given in 1963. The great majority of the injections of Salk vaccine were performed by general practitioners in the course of private practice, who were responsible for 7,723 (appreciably less than one quarter) of the total primary vaccinations and 4,423 (approximately one eighth) of the total reinforcements.

The numbers of primary vaccinations and reinforcement doses in 1963 by age group and type of vaccine are given for each health division and delegate district in Table 17, page 183. The total primary vaccinations and reinforcement doses given by general practitioners in the course of private practice are also shown.

**Vaccination against Yellow Fever.**—The County Council's yellow fever vaccination centre set up at the Ashton Road clinic at Lancaster in July, 1960, continued to operate throughout the year.

The centre, one of 40 set up in the country to provide vaccination against yellow fever for persons proceeding abroad, offers this facility on request to any person making application, irrespective of area of residence. A charge for the vaccination is made and international certificates for production in countries other than the United Kingdom are supplied.

During the year 202 vaccinations were performed at the centre, as follows :—

Children under 9 months	...	—
Children over 9 months	...	59
Adults	... ..	143

One hundred and sixty of the above persons resided in the Lancashire area, four came from Yorkshire, 34 from Westmorland, two from Cumberland and two from Devon.



## IMMUNISATION

Under the County Council's immunisation scheme facilities are provided for protection against diphtheria, whooping cough and tetanus whereby inoculations may be given against diphtheria or whooping cough separately, or together, or in further combination with protection against tetanus.

Immunisation sessions are held periodically at child welfare centres and other suitable centres, such as schools. In addition, medical practitioners take part in the County Council's scheme either by conducting sessions at the clinics on behalf of the local health authority or in the course of their private practice.

The scheme of immunisation lays upon the health visitors the duty of securing the presentation of as many infants as possible for primary immunisation before their first birthday—ideally between the ages of one and six months—and for reinforcement injections as required until school age is attained. Arrangements exist whereby systematic provision is made for administering further reinforcement injections as necessary during the period of school life.

Below is given a summary, by types of antigen used, of the numbers of children in specified age groups who completed a full course of primary immunisation or were given a reinforcement injection in the Administrative County area during 1963.

Antigen used	Primary immunisations							Reinforcement injections				
	(a)	Under 1	1–	2–	Total-under 5	5–	Total-under 15	Under 5	5–	10–	Total-5–14	Total-under 15
	(b)	1963	1962	1959–61	1959–63	1949–58	1949–63	1959–63	1954–58	1949–53	1949–58	1949–63
Diphtheria only ...		37	74	29	140	364	504	242	3,761	4,269	8,030	8,272
Whooping cough only		—	9	2	11	—	11	—	1	—	1	1
Diphtheria and whooping cough (combined) ...		21	68	8	97	9	106	30	244	71	315	345
Diphtheria, whooping cough and tetanus (combined) ...		12,132	15,235	1,772	29,139	755	29,894	6,975	3,107	535	3,642	10,617
Diphtheria and tetanus (combined)		69	209	163	441	1,873	2,314	1,027	10,471	2,520	12,991	14,018
Tetanus only ...		12	1	37	50	1,706	1,756	5	126	161	287	292

(a) Age, in years, at end of 1963. (b) Year of birth.

As is usual the triple antigen affording protection against diphtheria, whooping cough and tetanus was used in the great majority of primary immunisations—more than 97 per cent. of those at pre-school ages and over 86 per cent. of the total at all ages under 15 years.

The following table shows the relationship between the total numbers of immunisations performed with the various antigens during 1963 as to those undertaken (a) at County Council clinics, either by general practitioners on behalf of the local health authority or by the County Council's own medical staff, and (b) by general practitioners in the course of their private practice.

Antigen used		At clinics							By general practitioners in course of private practice			
		By authority's medical staff			By general practitioners on sessional basis			Total-all ages				Total-all ages
		(a)	Under 5	5–	15–	Under 5	5–	15–	Under 5	5–	15–	
		(b)	1959–63	1949–58	Prior to 1949	1959–63	1949–58	Prior to 1949	1959–63	1949–58	Prior to 1949	
Diphtheria only ...	P		55	259	—	34	27	—	375	51	78	186
	R		135	7,565	18	—	360	2	8,080	107	105	226
Whooping cough only ...	P		6	—	—	1	—	—	7	4	—	4
	R		—	—	—	—	—	—	—	1	1	2
Diphtheria and whooping cough (combined) ...	P		5	6	—	1	—	—	12	91	3	94
	R		19	266	—	—	—	—	285	11	49	60
Diphtheria, whooping cough and tetanus (combined) ...	P		20,101	630	3	1,327	10	—	22,071	7,711	115	7,841
	R		5,750	2,646	10	393	51	—	8,850	832	945	1,791
Diphtheria and tetanus (combined) ...	P		339	1,704	15	22	130	—	2,210	80	39	222
	R		928	12,388	21	44	377	—	13,758	55	226	304
Tetanus only ...	P		42	1,633	115	—	—	—	1,790	8	73	95
	R		5	225	5	—	—	—	235	—	62	77
TOTAL ...	P		20,548	4,232	133	1,385	167	—	26,465	7,945	308	8,442
	R		6,837	23,090	54	437	788	2	31,208	1,005	1,388	2,460

(a)—Age, in years, at end of 1963.  
P—Primary immunisation (complete course).

(b)—Year of birth.  
R—Reinforcement injection.

The totals of primary immunisations and reinforcement injections performed by general practitioners in the course of private practice were very similar to those for the previous year. At the clinics, on the other hand, primary immunisations increased by more than 2,000 and reinforcements by nearly 5,000, so that the proportionate contribution of the County Council rose from 71 per cent. of the primary immunisations in 1962 to 76 per cent. in 1963, and from 90 per cent. of the reinforcement injections to 93 per cent.

As the numbers of individuals afforded protection against the specific diseases are not readily ascertainable from the foregoing tables, the following paragraphs deal separately and in more detail with immunisation against each disease regardless of the type of antigen used.

**Immunisation against Diphtheria.**—The following statement shows the numbers of primary immunisations and reinforcement injections given against diphtheria to children under 15 years of age in the Administrative County during 1963 and each of the preceding five years. Similar information is given for 1963 for each health division and delegate district in Table 18, page 184. Any necessary adjustments have been made to all totals so as to take into account all record cards received up to the 31st March, 1964, in respect of both primary immunisations and reinforcement injections performed in the years shown. It must be pointed out, however, that, in order to meet the statistical requirements of the Ministry, the analyses for 1961–63 are by age as at end of year (*i.e.*, by year of birth), whilst those for earlier years are by age as at date of final injection. The former are therefore not directly comparable with the latter but together they give a reasonably valid appreciation of overall progress during the period.

*Diphtheria Immunisation*

Year	No. who completed a full course of primary immunisation (by age, in years, at end of year)							No. who were given a reinforcement injection (by age, in years, at end of year)			
	Under 1	1–	2–	Total— under 5	5–	10–	Total— under 15	Under 5	5–	10–	Total— under 15
1963	12,259	15,586	1,972	29,817	2,154	847	32,818	8,274	17,583	7,395	33,252
1962	11,350	14,859	1,978	28,187	2,532	902	31,621	6,639	14,978	7,377	28,994
1961	11,617	16,962	5,359	33,938	6,220	2,440	42,598	6,452	20,073	11,818	38,343
1960	22,550	3,436	3,169	29,155	5,303	1,458	35,916	4,588	25,302	12,080	41,970
1959	20,313	3,700	2,020	26,033	2,166	538	28,737	2,395	12,506	5,275	20,176
1958	18,553	4,198	1,737	24,488	2,003	671	27,162	1,911	11,348	5,965	19,224

**DIPHTHERIA NOTIFICATIONS AND DEATHS IN RELATION TO IMMUNISATION.**—For the third successive year no case of diphtheria was notified amongst the child population of the Administrative County.

**Immunisation against Whooping Cough.**—In the following statement details are given of children under 15 years of age protected by immunisation against whooping cough in the Administrative County during 1963 and each of the preceding five years. Similar information for the year 1963 for each health division and delegate district appears in Table 18, page 184. All figures have been adjusted as necessary to take account of all record cards received up to the 31st March, 1964. As pointed out earlier in connection with diphtheria immunisation the details for 1961–63 have been analysed by age as at end of year and corresponding year of birth so that the analyses for earlier years in the table below, being by age as at date of final injection, are not directly comparable therewith. They do serve, however, to give an overall appreciation of progress during the period.



*Whooping Cough Immunisation*

Year	No. who completed a full course of primary immunisation (by age, in years, at end of year)							No. who were given a reinforcement injection (by age, in years, at end of year)			
	Under 1	1-	2-	Total— under 5	5-	10-	Total— under 15	Under 5	5-	10-	Total— under 15
1963	12,153	15,312	1,782	29,247	654	110	30,011	7,005	3,352	606	10,963
1962	11,212	14,687	1,800	27,699	661	135	28,495	5,718	3,417	573	9,708
1961	11,561	16,699	4,759	33,019	2,339	528	35,886	5,260	4,613	810	10,683
1960	22,245	3,268	2,554	28,067	1,280	233	29,580	2,607	4,438	806	7,851
1959	20,004	3,553	1,723	25,280	867	83	26,230	1,262	1,718	261	3,241
1958	18,166	4,009	1,406	23,581	440	81	24,102	908	1,177	144	2,229

WHOOPING COUGH NOTIFICATIONS AND DEATHS IN RELATION TO IMMUNISATION.—The following table shows by annual age groups the number of notifications of, and deaths from, whooping cough amongst children under five years of age during the year ended 31st December, 1963, in relation to immunisation. For comparative purposes the corresponding figures are given for each of the five previous years. As in the previous year there were two deaths in 1963 and in neither case had the child been immunised.

Notifications						Age (in years)		Deaths					
1958	1959	1960	1961	1962	1963			1958	1959	1960	1961	1962	1963
128	227	271	108	25	247	C	Under 1	D	—	—	—	1	2
8	10	33	14	—	15	I		I	—	—	—	—	—
144	276	298	98	30	249	C	1-	D	—	—	—	—	—
19	50	64	25	3	74	I		I	—	—	—	—	—
191	327	358	117	40	302	C	2-	D	—	—	—	—	—
39	61	87	33	13	66	I		I	—	—	—	—	—
172	335	329	121	38	297	C	3-	D	—	—	—	—	—
21	71	82	34	12	83	I		I	—	—	—	—	—
184	316	373	120	30	245	C	4 but under 5	D	—	—	—	1	—
29	65	96	35	6	77	I		I	—	—	—	—	—
819	1,481	1,629	564	163	1,340	C	Total under 5 years	D	—	—	—	2	2
116	257	362	141	34	315	I		I	—	—	—	—	—

C=No. of cases notified.

D=No. of deaths.

I=No. of instances included in preceding line in which child had completed a full course of immunisation.

**Immunisation against Tetanus.**—Provision for protection against tetanus is included in the County Council's immunisation scheme and in the great majority of cases is given by means of the triple antigen incorporating protection also against diphtheria and whooping cough. A statement of the numbers of immunisations performed with the different antigens is given earlier in this section of the Report. In all, 33,964 children under 15 years of age at the end of the year were immunised against tetanus, 12,213 of them being under one year of age and all but 4,334 being of pre-school age. In addition, 24,927 reinforcement injections were given.

**Immunisation and Vaccination.**—PERCENTAGES VACCINATED AS AT 31ST DECEMBER, 1963.—In the following table indices of acceptance of vaccination against the diseases specified, which are calculated on the same basis as those issued annually by the Ministry of Health to all local health authorities, are given as at the 31st December, 1963, for each health division and delegate district and for the Administrative County as a whole. Comparative figures for the Administrative County for the previous year are also given.

	Percentages vaccinated				
	Smallpox	Poliomyelitis	Whooping cough	Diphtheria	
	* Under 2 years	† Born in 1962	† Born in 1962	† Born in 1962	‡ Aged 0-14 years
Health Division No.—					
1	34	55	75	76	65
2	12	66	74	75	74
3	15	57	64	64	53
4	12	57	63	66	69
5	13	50	70	70	49
6	12	57	65	66	38
7	17	53	75	75	68
8	10	62	67	70	58
9	22	33	55	56	48
10	14	48	66	67	51
11	7	55	65	65	50
12	9	59	72	73	68
13	9	53	60	61	62
14	15	55	70	70	57
15	9	60	73	73	53
16	20	66	74	78	68
17	7	51	62	62	68
Delegate District—					
Crosby M.B.	21	40	55	56	68
Huyton-with-Roby U.D.	33	33	50	52	69
Middleton M.B.	17	50	59	59	53
Stretford M.B.	15	36	57	59	60
Administrative County—					
1963	14	52	65	66	59
1962	70	55	67	68	57

\* Children vaccinated during 1963 at ages under two years, as percentage of live births during 1962.

† Children born in 1962 and vaccinated at any time, as percentage of live births during 1962.

‡ Percentage of children under 15 years of age estimated to have been immunised at any time during the years 1959-63.

The very low proportions for vaccination against smallpox during 1963 result from the change of vaccination policy to which reference has already been made on page 75.

### AMBULANCE SERVICE

**Radio Communication Scheme.**—The installation of radio equipment throughout the ambulance service was completed in June, 1959. However, in its broader aspects the radio communications scheme is still incomplete inasmuch as the process of dispensing with telephone manning at ambulance stations and concentrating telephone calls on the five control centres is still in progress and also there are one or two areas where the deployment of vehicles is still undertaken on a local basis rather than by the control centres. Further progress was made during the year and it is hoped that the completion of the final stages of the scheme will not be long delayed.

Details of the five radio areas, together with the location of the transmitter sites and control centres, are reproduced in the table below :—

Radio Area No.	Health division covered	Fixed remote station site	Control centre
1	Parts of Divisions 1 and 2, plus the whole of Divisions 3 and 4 ... ..	Barnacre ...	Broughton House
2	Divisions 5 and 6 and parts of 12 and 13 ...	Hameldon ...	Accrington
3	Divisions 7, 8, 9 and 10 ... ..	Billinge Beacon	Whiston
4	Divisions 11, 15 and 16 ... ..	Winter Hill ...	Swinton
5	Divisions 14, 17 and parts of 12 and 13 ...	Hebers ... ..	Radcliffe

During the year under review a further five mobile radio sets became available and were fitted to vehicles. After allowing for a reserve of radio sets for repair and maintenance purposes, 195 of the 201 operational vehicles had been equipped with radio by the end of the year.

Particulars of the radio equipment in use at the 31st December, 1963, are given below :—

Fitted to :—	Mobile sets	Installation parts
Operational vehicles ...	195	201
Reserve vehicles ... ..	—	64
Supervisory cars ... ..	6	6
In reserve, at wireless workshops, etc. ... ..	13	12
<b>TOTAL</b> ...	<b>214</b>	<b>283</b>



During the year consideration was given to the provision of a radio/telephone link between those emergency ambulance vehicles which normally convey patients to the Preston Royal Infirmary and the casualty department of this hospital. This will give the crews of emergency vehicles direct contact with the duty casualty officer at the hospital and enable them to seek advice in dealing with emergency cases. By the end of the year the system had not been brought into operation but it was hoped that the necessary technical details would be worked out and the installation completed early in 1964.

**Ground Communications.—PRIVATE TELEPHONE NETWORK.**—Almost all of the County ambulance stations are linked together by the private telephone network. Certain minor stations not connected into the network are linked to an adjacent main station by a private wire. Auxiliary ringing apparatus is installed on the telephones at control centres to increase the speed with which stations can contact their control. This apparatus ensures that, should the control room telephone called by a station already be engaged, the next available number will be selected automatically. As a result, contact can always be established provided any single control centre telephone is disengaged.

During 1963 certain adjustments were made to the private wire network, shortening the distance over some of the lines where transmission difficulties had been experienced. Other minor adjustments are still necessary and it is hoped that these will be done during 1964.

**TELEPHONE ANSWERING MACHINES.**—In 1958 it was decided that wherever expedient the number of ambulance service telephone reception centres should be reduced and calls be routed direct to the control centres. Whilst the implementation of this policy has led to increased efficiency and also effected savings in staff wages, it has resulted in an increased volume of calls at control centres.

During the year, following trials at the Swinton control centre, telephone answering machines were installed at this centre and at the Radcliffe control centre. These machines are capable of answering telephone calls on an unattended line and recording any messages spoken by the caller. The messages which have been recorded are dealt with by the control room staff as pressure of work permits. Requests for urgent removals are, of course, dealt with personally so as to ensure that no delay occurs. So that there is no interruption on the answering service, completed tapes are transferred to a transcribing unit, one of which has been provided for each answering machine.

**TELEPHONE RECEPTION CENTRES.**—The policy of reducing the number of stations receiving telephone requests for transport from doctors, hospitals, etc., has been continued. In pursuance of this policy the telephone watches at Clitheroe and Farnworth stations were discontinued in January, 1963, and December, 1963, respectively. Telephone calls formerly received at Clitheroe are now routed to Accrington control centre, whilst those received at Farnworth are now routed to the Swinton control centre.

**COMMUNICATION WITH HOSPITALS.**—A number of the larger hospitals in the Administrative County are connected to County ambulance stations by private wire. At the present time there are ten hospitals with this facility and transport officers on the staff of the County Ambulance Service are stationed at four of them. Certain of the lines were installed at the request of the hospital authorities and the remainder have been installed by the County Ambulance Service. Having in mind the mutual responsibility of the hospitals and ambulance service in the removal of cases, the principle has been accepted whereby the hospital authorities and the County Council share the cost of these lines on a fifty per cent. basis.

**Agency Arrangements.**—Whilst in the interests of efficiency and economy a direct service is provided wherever practicable, the following parts of the Administrative County were, at the 31st December, 1963, still served by agency agreements with the authorities indicated :—

Agency	Area served	Estimated population, 1963
Westmorland C.C.	North Lonsdale R.D. (part)—(Skelwith; Hawkshead; Claife)	1,350
Blackburn C.B.C....	Blackburn R.D. (part)—(Livesey; Pleasington; Mellor; Ramsgreave; Balderstone; Osbaldeston; Clayton-le-Dale; Salesbury; Wilpshire; Dinckley)... ..	10,240
	Preston R.D. (part)—Salisbury (part) ... ..	
Burnley C.B.C. ... (Emergency service only)	Burnley R.D. (part)—(Worsthorne; Cliviger; Haberg-ham Eaves; Dunnockshaw) ... ..	—
Warrington C.B.C.	Warrington R.D. (part)—(Penketh; Great Sankey; Burtonwood (part); Winwick (part); Croft; Poulton-with-Fearnhead; Woolston; Rixton-with-Glazebrook) ... ..	31,220
Bolton C.B.C. ...	Turton U.D. ... ..	15,690

**Vehicles.**—In addition to control of the fleet of ambulances, dual purpose and sitting case cars, the ambulance service is also responsible for the vehicles operated by other services administered by the health department, *i.e.*, nursing, domiciliary midwifery, welfare, health education and civil defence.

At the 31st December, 1963, 470 vehicles were operated by the Health Department, of which 268 belonged to the ambulance service fleet comprising the following types of vehicle :—

*Ambulances*

Standard type ambulances equipped with two stretchers, one fixed and one collapsible ... .. 146

*Dual Purpose Vehicles*

Twelve-seater vehicles capable of adaptation to carry up to two stretcher cases 6

Ten-seater vehicles capable of adaptation to carry one stretcher case ... 28

Eight-seater vehicles capable of adaptation to carry one stretcher case ... 67

*Sitting Case Vehicles*

Four-seater estate car type vehicles, capable of carrying one stretcher case ... 20

*Miscellaneous Vehicles*

Stores/radio collection and delivery ... .. 1

TOTAL ... .. 268

The average age of the ambulances in service at the 31st December, 1963, was 1·8 years, of the dual purpose vehicles 2·8 years and of the sitting case cars 2·6 years.

**VEHICLE MILEAGES.**—The gross mileage (*i.e.*, both operational and non-operational mileage) of the ambulance service fleet in 1963 was 4,781,334, the highest yet recorded. It represented an increase of 143,470 or 3·1 per cent. over that for 1962. Details of the gross mileages in 1963 and each of the preceding 10 years are as follows :—

Year	Total annual mileage				Increase or decrease on previous year (per cent.)
	Ambulances	Dual purpose vehicles	Sitting case cars	Total	
1953	2,168,699	—	1,955,101	4,123,800	+ 5·9
1954	2,317,127	—	2,115,974	4,433,101	+ 7·5
1955	2,554,196	—	2,070,117	4,624,313	+ 4·3
1956	2,671,998	—	1,936,869	4,608,867	— 0·3
1957	2,480,388	434,673	1,549,008	4,464,069	— 3·1
1958	2,359,527	660,786	1,320,234	4,340,547	— 2·8
1959	2,419,107	890,897	1,213,644	4,523,648	+ 4·2
1960	2,574,418	1,182,384	968,834	4,725,636	+ 4·5
1961	2,525,350	1,327,180	716,122	4,568,652	— 3·3
1962	2,484,161	1,533,360	620,343	4,637,864	+ 1·5
1963	2,641,971	1,766,815	372,548	4,781,334	+ 3·1

The average annual mileages of the main types of vehicle in service during each of the last five years are shown in the following statement :—

Type of vehicle	Average annual mileage per vehicle				
	1959	1960	1961	1962	1963
Ambulance ... ..	16,799	17,940	17,598	17,251	18,096
Dual purpose ... ..	17,469	19,543	18,181	17,037	16,827
Sitting case car ... ..	20,570	18,631	18,601	20,678	18,627
All vehicles ... ..	17,810	17,799	17,572	17,501	17,643

**NEW VEHICLES.**—The final phase of the ambulance replacement programme was completed in 1963 by the delivery of 66 new ambulances, and the delivery of 16 of 22 dual purpose ambulances ordered brought the total number of new vehicles taken into service during the year to 82.



Thus, within the last three years the replacement of all the original ambulances has been achieved, resulting in a modern fleet the average age of which has fallen from 9·1 years in 1961 to 1·8 years at the end of 1963.

**DISPOSAL OF VEHICLES.**—During the year 66 ambulances and 17 dual purpose vehicles were sold, either having been replaced by new vehicles or having reached the stage where further repairs would have been uneconomical. In addition, eight vehicles had been withdrawn from service and were awaiting disposal at the end of the year.

**MAINTENANCE AND REPAIR OF VEHICLES.**—The Central Vehicle Maintenance Unit, which is under the control of the Chief Fire Officer, carries out the routine inspection, maintenance and repair of ambulance vehicles through the agencies of mobile service van mechanics and workshops which are situated at Bamber Bridge, Lancaster and Worsley.

In addition to daily and weekly maintenance tasks which are performed by the driving staff, service van mechanics inspect and carry out minor repairs and adjustments at stations every 1,000 miles, and at 5,000 mile intervals a more comprehensive inspection is undertaken. At intervals of 10,000 miles vehicles are withdrawn to workshops for inspection and overhaul. Repainting and the repair of minor accident damage are also done at this stage.

**HEALTH SERVICE SALOON CARS.**—At the 31st December, 1963, the number of cars operated by the County Health Department for use by nurses and midwives on official duty was 174. They had an average age of 2·4 years. The mileage run during 1963 was 874,310, an increase of 7,071 over the previous year.

For many years it has been the policy to replace the health service vehicles at intervals of five years but changing economic circumstances caused a review of this policy during 1963 which resulted in a reduction of the period to three years. By this it is hoped to reduce the amount of major repair work, maintenance costs and time spent off the road and still have a vehicle which will attract a reasonable resale price.

**Staff.**—The following table shows the approved establishment of operational and control room staffs together with the number employed at the 31st December, 1963.

					Approved establishment		Employed at 31st December, 1963
Operational staff (including station officers)	...	...	...	...	705	...	701
Control room staff :—							
Radio controllers	...	...	...	...	5	...	5
Assistant radio controllers	...	...	...	...	25	...	25
Control room assistants...	...	...	...	...	24	...	23

The difficulty of coping with an increasing number of patients with a fixed establishment of men and vehicles became more acute during the year under review. The total amount paid in overtime was equivalent to approximately 98 whole-time staff. Stations particularly affected were those undertaking the regular transport of "day care" cases and additional staff had to be allocated to certain stations to keep overtime work at a reasonable level. Although staff reductions were effected by the termination of telephone manning, these savings were offset by the need to augment the operational staff at other stations and, if the present rate of growth in demand continues, a further review of the establishment of staff and vehicles will be unavoidable.

**APPOINTMENT OF OPERATIONAL STAFF.**—Reference has been made in previous Reports to the need for new appointments to the operational staff to be made from the younger age groups, with the object of reducing the high proportion of personnel over middle age. An analysis made at the end of February 1963, and covering the preceding 12 months showed a slight improvement so far as appointments were concerned. Nevertheless, there was no marked improvement over the two previous years in the age structure of the operational staff as a whole. The influx of young appointees was to a large extent offset by the progression of existing staff into the higher age groups and there was, in fact, an increase in the number and proportion of men aged between 50 and 65 years.

**TRAINING.**—No changes were made in the training programme during the year. The conditions governing the payment of proficiency allowances are as follows :—

*First-aid payment of 9s. per week.*

First-aid examination to be taken biennially.

*Extended training allowance of 4s. per week.*

First-aid examination to be taken annually.

The examination of the Royal Life Saving Society on resuscitation to be taken annually.

Lectures on infectious diseases, co-ordination with the police, and home nursing to be attended biennially.

A lecture on sudden childbirth to be attended once only.

**Institute of Certified Ambulance Personnel.**—During 1963, 31 members of the ambulance service staff were granted financial assistance towards the cost of taking the courses and examinations of the Institute of Certified Ambulance Personnel. Six members of the staff passed the preliminary examination of the Institute during the year and five members were successful in the final examination.

*County Council Ambulance Service Corps—St. John Ambulance Brigade.*—The ambulance service is embodied as a Corps of the St. John Ambulance Brigade and on the 31st December, 1963, the strength of the Corps was 670, comprising two corps officers, 56 divisional officers and 612 other ranks.

**EFFICIENCY COMPETITION.**—The competition for the Alderman Lord Trophy for the year 1962/63 was won by Health Division No. 3 which thus has the outstanding record of having been placed in the first three in all but one of the 13 annual competitions so far held and of having won on five occasions.

**NATIONAL SAFE DRIVING COMPETITION.**—All eligible staff of the County ambulance service took part in the National Safe Driving Competition for 1963 and of the 642 drivers entered awards were made to 508.

**NATIONAL AMBULANCE SERVICE COMPETITION.**—As in previous years a team was entered in the above competition, which has the approval of the Ministry of Health and is designed to encourage ambulance staffs to maintain a high standard of efficiency.

Preliminary eliminating contests were held in the five radio areas and the winning teams for each area took part in an area competition which was held at Ambulance Service Headquarters, Broughton, on the 26th May, 1963. The area competition was won by the Darwen team which thereby qualified to enter the regional competition and hold the "Geere Trophy," presented by County Councillor J. W. Geere, for a period of twelve months.

The regional competition took place at Washington Hall, Chorley, on Saturday, 15th June, 1963, and the Darwen team was placed eighth out of ten entrants.

**Premises.**—The numbers of County ambulance stations in service at the beginning and end of the year under report are given below by operational type :—

	No. of stations at—			
	31st December, 1962		31st December, 1963	
Operating—				
Full-time service with 24 hours telephone watch	18	...	...	16
Full-time service with no telephone watch	21	...	...	23
Day-time service only (8 or 16 hours) with no telephone watch	12	...	...	12
TOTAL	51	...	...	51

During the year under review the work which was started on the new stations at Urmston, Blackrod, Standish and Ashton-under-Lyne continued, and it is anticipated that early in 1964 the Urmston, Blackrod and Standish stations will be completed and taken into service. Work on new stations at Atherton and Nelson was commenced on the 29th May and the 5th June, 1963, respectively and these two stations, together with the one started at Ashton-under-Lyne in 1962, should be completed and occupied towards the middle of 1964. The stations at Urmston, Blackrod and Standish will replace existing and unsatisfactory premises. The Ashton-under-Lyne station will serve not merely the areas at present covered by the existing Ashton-under-Lyne station but also those covered by the Droylsden and Mossley stations which will be closed. The Atherton station will replace the existing stations at Atherton and Leigh, and the Nelson station the existing stations at Colne and Reedley. All are being built in accordance with the new type ambulance station design which was developed during 1961.

**Special Use of Ambulance Service Vehicles.**—The use of ambulance transport for special journeys, (*i.e.*, journeys on behalf of other County Council services, etc., outside the scope of section 27 of the Act) continued during the year, and the mileage travelled was 144,991 or 3.1 per cent. of the total operational mileage.

The following table shows the mileage run by the County ambulance service during the past five years in connection with special journeys, and the services to which the journeys were chargeable. The mileage run on behalf of the National Coal Board and chargeable to that authority is also shown for record purposes, although the mileage and number of cases dealt with are included as section 27 removals.

Service	Mileage				
	1959	1960	1961	1962	1963
Mental health	68,339	65,718	55,218	40,045	27,393
Nursing	12,349	9,215	9,391	7,337	10,608
School health	27,569	23,407	21,985	19,736	22,628
Welfare	101,483	100,977	95,267	89,739	83,495
Coroner's	693	749	790	1,006	867
TOTAL—Other County services	210,433	200,066	182,651	157,863	144,991
National Coal Board	27,495	20,751	16,429	17,350	17,394



**National Health Service (Amendment) Act, 1957.**—This Act empowers ambulance authorities to carry out duties, on a chargeable basis, which do not fall within the scope of section 27 of the National Health Service Act, 1946. Such duties include the provision of stand-by cover at sports meetings and other large gatherings of public bodies, the conveyance of private individuals for holidays and certain house to house removals of a temporary nature, etc. The provision of such facilities is, of course, made only in cases where the necessary arrangements can be carried out without prejudice to the normal running of the County ambulance service.

Vehicles from County ambulance stations were in attendance at sporting or race meetings on 40 days during the year the majority of these attendances being made at Aintree for car and horse race meetings.

**Long Distance Service.**—The table below gives particulars of the long distance service provided during each of the five years, 1959-63 :—

Year	Cases moved			Case mileage (road journeys only)
	By road	By rail	Total	
1959	5,637	246	5,883	257,355
1960	6,000	389	6,389	243,876
1961	4,378	708	5,087	148,719
1962	4,950	821	5,771	158,312
1963	4,911	1,042	5,953	149,556

There was a further increase in 1963 in the use of rail transport and there is as yet no indication that the use of rail transport has reached its peak. It will be appreciated, however, that a proportion of the work of the long distance service relates to intra-county removals, *i.e.*, patients from the County area requiring transport to hospitals within the County, but situated some considerable distance from the area where the need arises. Where it is possible to co-ordinate a number of such journeys, the use of rail transport is uneconomical. Whenever possible, however, subject to the consent of the doctor or hospital in charge of the patient and providing a reasonable train service is available, combined rail and road transport are used.

With regard to the 1,042 rail journeys in 1963 the ambulance service was required to pay the cost of the patient's fare on 655 occasions. In every case, however, arrangements for the journey, including the reservation of seats or compartments and the reception of patients at rail termini, were made by the ambulance service. The majority of the patients travelling by rail were accompanied by a relative or friend but ambulance service escorts were required on 31 occasions. Valuable assistance was also rendered by the British Red Cross Society in providing escorts on 52 journeys.

**Service Statistics.**—The cases dealt with by the County ambulance service fall into three broad groups and in the table below the case totals for the past five years are analysed accordingly :—

Year	Section 27 cases			Cases chargeable to other departments of the County Council	Total cases
	* Emergency	Non-urgent	Total		
1959	53,992	661,026	715,018	52,371	767,389
1960	53,606	721,864	775,470	53,182	828,652
1961	53,094	722,990	776,084	50,921	827,005
1962	52,551	765,000	817,551	50,042	867,593
1963	54,722	836,287	891,009	50,827	941,836

\* Includes National Coal Board cases.

Following an increase of 4.9 per cent. during the previous year, the demand on the service rose in 1963 by a further 8.6 per cent., the total of 941,836 cases conveyed being the highest number on record. The increase in cases moved has been a long-term trend and the ambulance service is now providing transport for nearly 60 per cent. more patients than it did twelve years ago. The increase in demand during 1963 was mainly related to out-patients attending treatment centres, but there was also a small rise in the number of emergency calls. The mileage of the fleet rose in consequence to an overall figure of 4,781,334 miles. With the exception of the years 1956 and 1957, the demand on the ambulance service for conveyance of general treatment cases has risen steadily from year to year since the inception of the service, and the further substantial increase which occurred during 1963 again suggests that there is little immediate prospect of the demand attaining any degree of stability.

With regard to emergency cases, a rise of 4·1 per cent. took place in 1963, reversing the trend seen in the three preceding years, and this was largely attributable to an increase in the number of illness and road accident cases, the latter having more than doubled in the course of the past seven years.

In addition to dealing with the above-mentioned emergency cases certain journeys were made which, whilst of an emergency nature, were strictly not "emergency cases" under section 27 of the Act, namely, (a) emergency transport of midwives, doctors, medical specimens, etc., and (b) abortive journeys where it was found that a vehicle was not required. During the year under review 3,743 such journeys were made and these are not included in the total of 54,722 cases given in the table.

Regarding cases moved on behalf of other departments of the County Council, *i.e.*, outside the provisions of section 27 of the National Health Service Act, a slight increase, equivalent to 1·6 per cent., took place during the year and this was mainly due to an increase in the number of cases moved on behalf of the nursing services. As in previous years there was again a reduction in the number of cases moved on behalf of the mental health services. The number of cases chargeable to other departments of the County Council has decreased considerably since the year 1957 when the transport of mentally subnormal children to training centres commenced to be undertaken by private contractors.

The response to emergency calls for the County as a whole was very satisfactory, the average time taken to reach the scene of an emergency from the time of receipt of call being 8·1 minutes, the highest station average being 15·7 minutes and the lowest 5·1 minutes. Journeys to hospital averaged 23·7 minutes from the time of call, the highest station average being 60·2 minutes and the lowest 18·2 minutes. This highest station average is in respect of Grange-over-Sands ambulance station, where emergency cases have usually to be taken a considerable distance to hospital. A summary of the average time factor in dealing with emergency calls during the last five years is reproduced below :—

Year	Number of journeys	Average time taken to reach case (mins.)	Average time taken to reach hospital (mins.)
1959 ... ..	52,126	8·5	24·0
1960 ... ..	51,459	8·4	24·9
1961 ... ..	50,813	8·5	24·7
1962 ... ..	50,231	8·2	24·0
1963 ... ..	52,008	8·1	23·7

The numbers of cases moved per 1,000 population served during each of the last five years were as follows :—

Type of case	1959	1960	1961	1962	1963
Emergency ...	25·1	24·6	24·1	24·1	24·8
Non-urgent ...	331·7	355·0	351·5	373·3	401·5
TOTAL ... ..	356·8	379·6	375·6	397·4	426·3

In the following table the patients carried during 1963 are analysed according to type. Recumbent cases are those requiring a stretcher, sitting I cases are patients able to travel with the help of one attendant only, and sitting II cases are those requiring the assistance of two attendants.

Type	Proportion (per cent.) of—		
	Emergency	Non-urgent	Total cases
Recumbent... ..	54·9	8·5	11·2
Sitting I ... ..	35·7	77·9	75·4
Sitting II ... ..	9·4	13·6	13·4



**OPERATIONAL MILEAGE.**—The following table shows the operational mileage run by the ambulance service during the last five years. The expression “operational mileage” includes the total mileage covered in respect of (a) cases conveyed under section 27 of the Act, (b) chargeable journeys undertaken on behalf of other County services and (c) certain special journeys referred to earlier which were outside the scope of section 27, but does not include “dead” mileage run for maintenance and similar purposes.

Year	Total operational mileage	Section 27 cases	
		Mileage	Average miles per case
1959	4,469,419	4,258,986	5.96
1960	4,673,862	4,473,796	5.77
1961	4,516,305	4,324,843	5.57
1962	4,577,540	4,402,270	5.38
1963	4,724,035	4,559,637	5.11

In comparison with the previous year, the total operational mileage in 1963 increased by 146,495 miles or 3.2 per cent. This increase in mileage was related to cases moved under section 27 of the Act and it is interesting to note that whereas the number of such patients carried during 1963 rose by 9.0 per cent., the corresponding increase in mileage amounted to only 3.6 per cent., the average mileage per case thereby being reduced. The average mileage run on each case has, in fact, shown a falling characteristic since 1956. It is very largely dependent upon the extent of co-ordination of journeys and the avoidance of empty mileage, and as such affords a broad indication of the efficiency level of the service. It is considered that the improved communication facilities which have resulted from the introduction of radio in 1956 have contributed in no small measure to this higher standard of efficiency.

**Civil Defence.—Ambulance and First Aid Sections.**—Six new classes were formed, normal training and lectures continued and several exercises designed to give practical experience to volunteers were carried out during the year. Volunteers played an active part in recruiting campaigns by giving demonstrations of civil defence techniques and equipment. At the standard training tests held throughout the year a high proportion, over 80 per cent. of volunteers were successful. Centrally qualified section instructors adjudicated at standard tests arranged by other local authorities, and panels of examiners have now been formed for this purpose.

Details of two of the larger scale exercises were as follows :—

Six civil defence ambulances took part in the St. John Ambulance Brigade exercise held at the Royal Ordnance Factory, Euxton, near Chorley, on the 26th May, when 200 casualties were moved from the ambulance loading points to the forward medical aid unit.

Exercise “Mermaid III” took place on the 19th May at Woodvale Airfield, near Formby, and 75 ambulances—17 from Lancashire County Council and 58 from neighbouring local authorities—participated. An ambulance company and a first aid platoon were employed on a forward and rear shuttle which resulted in 539 casualties passing through the sector post. The purpose of the exercise was to test the present conception of the function and control of a forward medical aid unit and to demonstrate the functioning of a ward in an auxiliary hospital.

One of the several movement and map reading exercises held was exercise “Quicksilver” in September, in which 20 vehicles travelled from Whitefield to Denbigh in North Wales.

Volunteers from Radcliffe, Whitefield, Heywood and Droylsden assisted the police in a search for a missing boy on the moors outside Ashton-under-Lyne in December. The search, in extremely inclement weather, demonstrated the public spirit and responsible attitude of the volunteers.

Four section instructors attended potential officers’ courses, two successfully attended long qualifying courses and four short qualifying courses, at the Home Office School, Falfield.

## PREVENTION OF ILLNESS, CARE AND AFTER-CARE

The functions of the County Council relating to the prevention of illness and the care and after-care of sick persons are carried out in accordance with schemes made under Part III of the National Health Service Act, 1946, and approved by the Minister of Health. So far as the Municipal Boroughs of Crosby, Middleton and Stretford and the Urban District of Huyton-with-Roby are concerned, however, these functions, excepting those concerned with the care and after-care in residential accommodation of persons suffering from mental illness, have been delegated to the councils of those districts.



**Tuberculosis.**—Under the National Health Service Act, 1946, the diagnosis, treatment and control of tuberculosis are undertaken by three administrative bodies. Hospital accommodation and clinic facilities are provided by Regional Hospital Boards who employ the necessary specialist staff; the general medical care of patients in the home is undertaken by general practitioners employed by the Executive Council; and the local health authorities are charged with important duties in relation to prevention, care and after-care.

For the latter purpose, the County Council employ a staff of tuberculosis visitors. Primarily engaged in domiciliary visiting, these whole-time visitors work in close co-operation with the chest physicians and also devote part of their time to duties in the chest clinics of the Regional Boards. One of their important tasks is the tracing of contacts of known cases of tuberculosis and of persons who were not notified as cases of tuberculosis until after death. Contacts so found are then encouraged to attend the chest clinic for examination. In recent years the number of tuberculosis visitors employed by the County Council has declined and in some areas the work which they carry out is gradually being absorbed in the general duties of health visitors. It is the policy of the Regional Hospital Boards to move chest clinics to hospital out-patient departments and to employ hospital staff for the purely clinic duties. Where this is done, the tuberculosis visitors are able to devote their full time to the local health authority's duties. The chest physicians of the Regional Boards devote the major portion of their time to work for the Regional Boards in the clinics and hospitals but spend a part of their time on duties on behalf of the local health authority advising on the problems of domiciliary care, after-care and prevention, in which capacity they co-operate closely with the County Council's staff. During 1963 the chest physicians, on behalf of the local health authority, carried out 417 home visits to new patients and contacts and 373 home visits to old cases and contacts. Tuberculosis visitors and health visitors made 34,708 visits to cases and 40,444 visits to contacts. The number of tuberculous households visited was 11,279.

The following extra facilities are also available for tuberculous patients :—

*Extra nourishment.*—The National Assistance Board may make cash grants for the purchase of extra nourishment. The County Council may not make cash grants but, if the chest physician considers that further extra nourishment is required over and above the provision made by the Board, specified types and quantities of foodstuffs may be provided in cases where the patient's income falls below a scale laid down for the purpose. These supplementary issues are free of charge and 525 cases received assistance during the year.

*Extra beds and bedding.*—When the chest physician advises a patient to sleep by himself, extra bedding and, if necessary, an extra bed may be provided on free loan.

*Nursing equipment.*—The health visitor, district nurse or a medical practitioner may apply for nursing equipment for cases being nursed at home. The necessary articles will be supplied on loan and free of charge.

*Medical requisites.*—Items supplied free of charge in cases recommended by a health visitor are paper handkerchiefs, sputum flasks, cups with wax refills, and pillow cases.

*Shelters.*—Garden shelters are loaned to suitable cases and are transported, erected and maintained free of charge.

*Home help.*—Assistance in the home is provided through the home help service. The cost of the service or part of it may be recovered from the householder but greater allowances are made where a person has suffered loss of income in order to undergo treatment for respiratory tuberculosis. Home helps serving in tuberculous households are volunteers and undergo periodic X-ray examination. They are given instructions on the precautions they should take when working at the homes of such cases.

*Rehabilitation.*—One of the greatest problems facing a patient who has undergone lengthy treatment is the return to employment. He must be guarded against the risk of a relapse, light work in good surroundings and preferably under medical supervision often providing the answer. In other cases arrangements have been made with voluntary organisations, who maintain village settlements where industrial training is provided, to take suitable cases from the County area. The whole or part of the cost may be recovered from the patient according to his family circumstances. Arrangements have been made with the following units :—

East Lancashire Tuberculosis Colony, Barrowmore Hall, near Chester, controlled jointly by the Order of St. John of Jerusalem and the British Red Cross Society.

Papworth Village Settlement (Inc.), Papworth Hall, Cambridge.

Enham-Alamein Village Centre, Andover, Hants.

British Legion Village, Preston Hall, Maidstone, Kent.

**NON-NOTIFIED FATAL CASES.**—In previous Annual Reports reference has been made to the seriousness in relation to the prevention of tuberculosis of the non-notified case which is discovered only at death. An analysis has been made of 37 non-notified fatal cases which were reported in 1963.

There was, in fact, a total of 41 cases but information in relation to four of them has not been forthcoming. Of the 37 cases referred to, 21 were respiratory; of the latter total one case was not confirmed as being tuberculous at a subsequent post-mortem and there was doubt about another; one was found to be in such an early stage that it was probably non-infectious during life; in four cases the cause of death was undoubtedly carcinoma of the lung or other major disease; two were



deaths in a mental hospital after a long stay and another in a general hospital after a stay of ten months; six were reactivations of old cases which had been crossed off the register in earlier years and one had been under supervision as a contact some years previously. Presumably these patients understood the danger of spread of infection. Apart from the four cases in respect of which information was not obtained, there remain five cases which were at large in the community and likely to have been infectious to others. Although this is a serious matter the actual number of such cases is much smaller than would appear at first sight.

**MASS RADIOGRAPHY.**—Mass radiography units operated by the Manchester and Liverpool Regional Hospital Boards have visited a number of districts both in the County area and in County Boroughs at which County residents have been able to attend.

**VACCINATION AGAINST TUBERCULOSIS.**—*Contacts.*—Since 1949 B.C.G. vaccinations of suitable contacts of cases of tuberculosis infection have been carried out by chest physicians on behalf of the County Council.

The following statement shows the numbers of persons examined and tested for suitability for B.C.G. vaccination and the numbers actually vaccinated during the last five years :—

	1959	1960	1961	1962	1963
Number of persons tested for suitability for B.C.G. vaccination ... ..	3,512	2,608	2,892	2,664	2,191
Number of persons vaccinated ... ..	2,720	2,235	2,661	2,599	2,345

*School children.*—The County Council's proposals under section 28 of the National Health Service Act provide for B.C.G. vaccination to be offered to (i) school children who are approaching 13 years of age or are older and (ii) students attending universities, teacher training colleges or other establishments of further education.

During 1961 the Minister approved an extension of this scheme so that at the discretion of the local health authority B.C.G. vaccination may be offered to school children aged 10 years or more. It is not expected that any general extension on these lines will be necessary but it will enable appropriate steps to be taken immediately in any area where the need for early B.C.G. vaccination might arise.

The following table summarises the results of B.C.G. vaccination programmes completed at schools during 1963 and the previous four years and similar information for each health division and delegate district for 1963 is given in Table 19, page 185.

Year	No. of schools completed	No. of parents' consent forms				No. of children					
		Sent to parents	Returned			Tuberculin test performed	Tuberculin test positive		Tuberculin test negative		Vaccinated with B.C.G.
			Refused	Consented			No.	% of those tested	No.	% of those tested	
				No.	% of forms sent						
1959 ...	194	12,643	2,626	9,270	73·3	8,895	1,665	18·7	6,971	78·4	6,851
1960 ...	249	25,841	5,635	18,544	71·8	17,412	3,295	18·9	13,730	78·9	13,513
1961 ...	265	28,769	5,597	21,119	73·4	19,910	3,178	16·0	16,115	80·9	15,901
1962 ...	206	22,316	4,906	16,209	72·6	15,101	2,723	18·0	11,927	79·0	11,773
1963 ...	227	22,573	4,926	16,490	73·1	15,435	2,422	15·7	12,660	82·0	12,483

The County Council's proposals under section 28 also enable the County Council to provide for the boarding-out, or where necessary placing in suitable institutions, of children who have been B.C.G. vaccinated or who are under observation on account of contact with a person suffering from tuberculosis, regard being had in this connection to the Children Act, 1948. The County Council make no charge to the parents for accommodation provided for children undergoing segregation on account of B.C.G. vaccination. During 1963 such accommodation was provided for three cases under arrangements made with the Children's Officer.

**PROTECTION OF CHILDREN FROM TUBERCULOSIS.**—The following are recommendations of the Joint Tuberculosis Council regarding the protection of organised groups of children against risk of infection by adults suffering from tuberculosis :

(a) No person with respiratory tuberculosis should be engaged for employment which involves close contact with groups of children, unless the disease is certified as arrested. Any candidate for such employment, therefore, should not be engaged without a medical examination including an X-ray examination of the chest.

(b) Persons whose employment brings them into close contact with groups of children should have an X-ray examination of the chest annually.



(c) If a person while thus employed is found to be suffering from respiratory tuberculosis such employment should cease at once and not be resumed until two consecutive medical certificates are given, the first stating that the disease is no longer active and the second (after a further interval of six months) stating that the improvement in the general and local condition has been maintained ; both certificates should be based on X-ray and bacteriological as well as clinical investigations. After resumption of employment similar investigations should be carried out at three-monthly intervals for the first year and at six-monthly intervals for the next two years.

(d) If any unusually high incidence of respiratory or non-respiratory tuberculosis occurs in an organised group of children, a full investigation of the staff employed should be undertaken at once.

The County Council have adopted the recommendations and applied them in regard to staff employed or to be employed with groups of children who are the responsibility of the Health Committee or the Children's Committee. The following is a list of the types of personnel who are included in these arrangements :—

Assistant divisional medical officers.	District midwives.
District nurses.	Health visitors/school nurses.
Tuberculosis visitors.	Supervisory nursing staff.
Clinic clerks.	Lay health assistants.
Home helps attending sputum positive tubercular cases.	Day nurse staff (including students).
Mental health training centre staffs.	Part III accommodation—attendants.
Special schools—all staff except gardeners.	Dental officers.
Dental attendants.	Educational psychologists.
Home teachers (school health service).	Itinerant teachers of the deaf.
Physiotherapists.	Psychiatric social workers.
Speech therapists.	Orthoptists.
Children's hostels (Children's Committee)—all staff including domestics.	Residential nurseries (Children's Committee)—all staff including domestics.
Registered factory nurseries (Nurseries and Child Minders Regulation Act)—all staff including domestics.	Registered child minders (Nurseries and Child Minders Regulation Act).
	School meals service—all staff.

**Illness Generally.**—Care and after-care in relation to illnesses other than tuberculosis are perhaps less specific and must needs follow different lines.

**MENTAL ILLNESS.**—The prevention, care and after-care of mental illness is undertaken in accordance with the County Council's scheme for the provision of a mental health service which is dealt with fully later in this Report.

**VENEREAL DISEASE.**—Arrangements are in being whereby, at the request of the hospital authorities, follow-up of persons under treatment for venereal disease is undertaken by the County Council's medical officers or health visitors. Local health authority activity in this field is, of course, mainly dependent upon the venereologist for its initiation in any particular case and the existing facilities provided by the County Council are adequate to meet the demands made upon them. Some hospitals employ their own social workers for the specialised work of following up contacts of cases of venereal disease.

The following table, compiled from returns supplied annually by medical officers of treatment centres, analyses by condition the number of County residents attending such centres for the *first* time in each of the last five years :—

Year	No. found to be suffering from—			
	Syphilis	Gonorrhoea	Other conditions (incl. non-venereal)	Total— all conditions
1959	144	553	2,002	2,699
1960	137	489	2,342	2,968
1961	137	560	2,288	2,985
1962	103	564	2,230	2,897
1963	103	622	2,400	3,125

**OTHER TYPES OF ILLNESS.**—General arrangements also exist whereby the hospital authorities notify the County Council of the discharge of all patients who are in need of after-care. This enables the health visiting staff to carry out home visits in such cases and call into action any of the other social services which may be considered of assistance to the patient. Action is also initiated on the reports of medical practitioners, midwives, home nurses and other health officers on circumstances disclosed during the course of their duties.

In appropriate cases, usually on the recommendation of the patient's own doctor, arrangements are made for convalescence in suitable convalescent homes of the recuperative holiday type. Where necessary, travelling expenses are paid.



Arrangements exist for emergency night attendance in appropriate cases of persons who are seriously ill and an evening attendance service for visiting solitary chronic sick.

Towards the end of 1961 the County Council agreed to administer a day and night nursing and night sitter service for cancer cases financed by the Marie Curie Memorial Foundation. Its main purpose is to assist the relatives of patients to obtain adequate rest periods from the responsibility of nursing, in addition to caring for those who live alone. The scheme commenced in January, 1962, and during that year 12 cases were assisted. During 1963 assistance was given in 34 cases.

In anticipation of any temporary or emergency need which might arise for voluntary assistance to district nurses, the County Council have also made arrangements to avail themselves of the "Nursing Aid Service" of the St. John Ambulance Brigade and the British Red Cross Society, in conjunction with the Queen's Institute of District Nursing.

These several arrangements are dealt with more fully below under their respective headings.

**CONVALESCENT HOME CARE.**—Arrangements for the convalescence of general cases have been made with some 21 convalescent homes in various parts of the country to accept cases from the Administrative County. In addition to facilitating the convalescence of general cases, provision is also made in the County Council's scheme to enable young children to be sent away from home owing to the presence there of a person suffering from tuberculosis.

During 1963 there were admitted to convalescent homes 279 individuals compared with 308 in 1962. The following statements give particulars of the admissions :—

*Adults admitted to Convalescent Homes*

Name and address of home	Male	Female
Barrow War Memorial Convalescent Home ... ..	13	18
Binswood Red Cross Home, Didsbury ... ..	4	5
Blackburn and District Convalescent Home, St. Annes ... ..	3	3
Boarbank Hall Convalescent Home, Grange-over-Sands ... ..	4	11
Elmhurst, Southport ... ..	1	—
Evelyn Devonshire Convalescent Home, Buxton ... ..	2	1
Grey Court, Hest Bank ... ..	—	1
Heath Memorial Convalescent Home, Llanfairfechan ... ..	17	—
Horncliffe Convalescent Home, Blackpool ... ..	—	9
La Sagesse Home, Blackpool ... ..	—	1
Lear Home, West Kirby ... ..	—	74
Metcalfe Smith Convalescent Home, Harrogate... ..	2	1
Shoreston Hall, Seahouses ... ..	1	1
Seabright, St. Annes ... ..	2	49
Springfield Convalescent Home, Southport ... ..	—	1
Westwood, Blackpool ... ..	12	3
Delton, Blackpool ... ..	6	—
<b>TOTAL ... ..</b>	<b>67</b>	<b>178</b>

*Unaccompanied Children under School Age admitted to Convalescent Homes*

Name and address of home	Male	Female
Blundellsands Convalescent Home ... ..	1	—
Bryn Aber, Abergele ... ..	6	6
Ellen Gonner Home, Hoylake ... ..	—	2
Ormerod Home, St. Annes... ..	1	3
Thursby, St. Annes ... ..	3	—
West Kirby Home ... ..	3	2
<b>TOTAL ... ..</b>	<b>14</b>	<b>13</b>

*Mothers accompanied by Children admitted to Convalescent Homes*

Name and address of home	Mother with one child	Mother with two children
Grey Court, Hest Bank ... ..	2	1

The use made of the convalescent care scheme during the past five years is shown in the following statement of annual admissions to convalescent homes :—

	1959	1960	1961	1962	1963
Adults ... ..	481	482	466	281	245
Unaccompanied children under school age ...	24	15	22	13	27
Mothers accompanied by children—					
Mothers ... ..	30	26	6	5	3
Children ... ..	41	41	8	9	4
TOTAL ... ..	576	564	502	308	279

It will be seen that after 1961 there has been a substantial decline in the numbers of admissions to convalescent homes. Because of a reduction in the number of convalescent home places available it has been necessary to limit admission to cases recovering from acute illness or acute exacerbations of chronic illnesses. Notwithstanding this, of the 245 adults having convalescence during 1963, 140 were over 60 years of age, 75 being between 60 and 70 years, 57 between 70 and 80 years and 8 over 80 years of age.

The cost of convalescence may be recovered from the applicant and the assessment is based on the same scale as is used in the home help service. The amount recovered never exceeds the actual cost of the convalescent home care and the charges for the maintenance of a child of pre-school age are two-thirds of the amount assessed for an adult.

**NIGHT AND EVENING HELPS.**—The County Council's arrangements for a night attendance service and an evening visiting service are outlined in the following paragraphs.

*Night attendance service.*—*Night helps.*—This service is intended to meet only the needs of cases of extreme urgency, usually chronic sick cases at home awaiting admission to hospital. The intention is that attendance by a night help will be provided where such help cannot otherwise be obtained or where continued night attendance is being carried out by a relative or friend who must work in the daytime, but that the service should not attempt to replace the traditional help of friends or neighbours.

The night help's duties are to keep the patient clean and tidy, provide general attention, make meals and if necessary feed the patient, maintain heating arrangements as required and be prepared to perform the last offices in case of death of the patient. With the exception of those already mentioned the help is not required to undertake household duties.

Attendance is normally limited to eight to ten hours in any one night and a charge, which may be reduced according to the financial circumstances of the patient, is made for each night's attendance.

During the year 2,675 night attendances were paid to 311 cases ; corresponding figures for 1962 were 2,292 attendances and 247 cases.

*Evening attendance service.*—*Evening helps.*—This service is intended to be used only in cases where the alternative would be institutional treatment and to provide attendance for sick people in their own homes where such attendance cannot otherwise be obtained, for the purpose of giving the patient a light evening meal and providing those other attentions necessary to make the patient comfortable for the night.

The application of the scheme is, in the main, similar to that for night helps. The service is, however, limited to one visit per day between the hours of 6 p.m. and 11 p.m.

No charge for either of the above services is made where the sole income of the patient is the old age pension and/or national assistance in the form of a grant or supplementary pension.

During the year 6,644 evening visits were paid to 90 cases, compared with 7,663 visits to 90 cases in 1962.

**NURSING AID SERVICE.**—In 1951, the County Council decided to adopt the Nursing Aid Service of the St. John Ambulance Brigade and the British Red Cross Society in conjunction with the Queen's Institute of District Nursing, the object being to provide suitable voluntary help to district nurses in cases of need arising through shortage of staff, or an epidemic of sickness. No payment can be made to members of the St. John Ambulance Brigade or the British Red Cross Society for their services but arrangements exist whereby they can receive payment in respect of travelling expenses and laundry.

It has not so far been found necessary to call in "Nursing aid."



**LOAN OF NURSING EQUIPMENT.**—The County Council provide equipment such as special beds, mattresses, pillows and items of nursing equipment for loan, free of charge, to patients being nursed in their own homes. Requests for equipment to be provided are generally made by hospitals, general practitioners or district nurses. The St. John Ambulance Brigade, the British Red Cross Society and other voluntary organisations also provide equipment on loan and in a number of areas mutual arrangements have been made with these organisations.

Stocks of equipment provided by the County Council are held by district nurses, midwives, County Council clinics, chest clinics and ambulance stations as determined by local needs. In addition, a central control exists which handles equipment of an expensive or specialised kind and, therefore, of limited use (for example, postural beds, special cots, walking frames, etc.). On account of the highly specialised treatment involved special arrangements have been made for the accommodation of patients suffering from paraplegia about to be discharged to their homes from hospital paraplegic units. The home nurse and her supervisor visit the patient in hospital and obtain first-hand information of nursing methods and equipment suited to the individual. Necessary equipment is then supplied to the patient's home under the supervision of the home nurse.

**LAUNDRY SERVICE.**—The care and after-care services include the provision of a laundry service for bedding and night clothing of persons urgently needing such assistance. A charge may be made if the patient's income exceeds the assessment scale laid down for the purpose. For the time being this laundry service is limited to areas of the County where suitable arrangements can be made with hospital laundries. Bedding is provided on loan and is normally collected, laundered and returned to the patient twice weekly.

On average three sets of bedding are required for each case, each set being made up of two sheets, four draw sheets and two pillow cases. Transport has been arranged by agreement with local councils, the W.V.S. and with private contractors. Bedding is handled in linen or polythene laundry bags or aluminium boxes.

The arrangements are such as to ensure that the laundry service will be used as part of the preventive services designed to facilitate the care in their own homes of persons who might otherwise have to be admitted to hospital, in particular the aged and chronic sick. All cases are carefully screened to confirm the need for the service, and where it has been provided there is no doubt that it has fulfilled a real and urgent need in the care of incontinent patients.

In 1963 the service was limited to 13 divisions and two delegate districts—Middleton M.B. and Stretford M.B. Total cases dealt with numbered 452 of whom 121 were still receiving service at the end of the year. In 1962, 356 cases were dealt with, 83 of whom were still receiving service at the end of the year.

Towards the end of 1963 the County Council agreed to provide, where appropriate, disposable incontinence pads which would be supplementary to or, in some cases, an alternative to the normal laundry service. This will enable some form of service to be provided in all divisions in future.

**Problem Families.**—The County Medical Officer of Health is designated by the County Council as co-ordinating officer for the purposes of the joint circular issued in 1950 by the Home Office and Ministries of Education and Health, and the divisional medical officers in the 17 health divisions act on his behalf at local level. In the four County districts having delegation schemes this function is performed by the local medical officer of health.

In the day-to-day work the field workers concerned with a particular family frequently hold informal consultations and experience has shown that in many cases this is sufficient, particularly in the case of a "family with a problem." In the more difficult cases, however—usually the "problem families"—case conferences are called either on a local basis to deal with one or two cases in a particular locality or on a larger scale at divisional level. At the case conference workers of both statutory and voluntary services take part, in particular health visitors, medical officers, area children's officers, school attendance officers, district council officers (*e.g.*, housing manager, public health inspector), probation officers, representatives from the National Assistance Board, N.S.P.C.C., etc. Although general practitioners are often invited, they are seldom able to spare the time to attend.

During 1963, 153 case conferences were held throughout the Administrative County area. New cases dealt with during the year comprised 424 families with 1,525 children. The number of families on the books at the end of 1963 was 978 with 3,872 children. One of the main values of the case conference is the opportunity which is provided for all workers to get to know each other, to express their opinions and to see the full picture of the family rather than the more limited view which they might otherwise have. It also gives an opportunity for the field workers to gain insight into each other's work and attitudes and to apply this to other cases. An effort is also made to ensure that, so far as possible, one worker takes the main responsibility for each family.

It must be realised, however, that the calling of a case conference does not itself solve the problem and many of these families remain in a borderline condition for years, causing anxiety to all concerned with their welfare and taking up a disproportionate amount of the field workers' time.

Good liaison with housing authorities is most important and this is materially assisted by the close contact maintained with many housing managers through the case conferences which they attend. During 1963, 70 families with 256 children were re-housed, 40 of these, with 172 children, by district councils.



The value of team work is becoming increasingly evident as a result of the case conferences and it is clear from the experience in Lancashire that this must be preserved and encouraged.

The services provided by the County Health Committee to deal with these families include :—

- (a) Health visiting.
- (b) Mothercraft training.
- (c) Use of specially selected home helps and loan of kitchen equipment.
- (d) Provision of day nursery accommodation.
- (e) Social case work.

(a) *Health Visiting*.—Experience shows that the health visitor can play a most important part in the preventive aspect of work with these families as she is the only worker who regularly goes into all homes where there are children. She is in a particularly good position to see the early signs of deterioration and is often able to take appropriate action to help the family in the early stages. This is true preventive work and as such is extremely difficult to record for statistical purposes.

The key position which the health visitor holds was emphasised in circular 27/54 on the Prevention of Break-up of Families which was issued by the Ministry of Health in November, 1954. The County Council health visitors spend a considerable amount of time on work with problem families and potential problem families and this often goes on for years before much improvement can be seen.

(b) *Mothercraft Training*.—In certain cases mothercraft training may prove most valuable in the rehabilitation of the family. It is, however, most important that the training should be introduced as part of a larger plan for dealing with a family and when the mother returns home further help will be required to ensure that the lessons learnt in the period of training are put into practice.

The County Council send mothers for training to the Brentwood Recuperative Centre, Marple, Cheshire, which is administered by the Community Council of Lancashire and has been used continuously for a number of years. In addition arrangements are occasionally made with probation officers for the accommodation of mothers and children at the Mayflower Home, Plymouth, which is administered by the Salvation Army.

Details of mothers, and children under five years of age, sent by the County Council to Brentwood during the past six years are given in the following statement :—

Year	Mothers		Children		Year	Mothers		Children	
1958	...	10	...	21	1961	...	12	...	27
1959	...	6	...	11	1962	...	7	...	21
1960	...	6	...	12	1963	...	5	...	17

The progress made by the families is, of course, generally slow, but improvement has occurred in many cases. Each family is closely followed up by the health visitors and reports are submitted on the families' progress annually. A survey of the reports on 52 cases during 1963 indicates that 25 families were considered to have improved their conditions, in 23 cases the conditions of the family have not materially altered and in four cases there was a deterioration.

Particulars of the four families considered to have deteriorated in 1963 are as follows :—

1. This family deteriorated in 1962 when the mother went into a mental hospital. The one child is cared for by the grandparents. The husband has been in prison.
2. This family first deteriorated in 1960. The husband has deserted, the mother is in and out of gaol and the children are in care.
3. A woman of 24 with four children under five years of age was in Brentwood for three months in 1962. The follow-up one year later showed that she was again pregnant and the husband had left home ostensibly to seek work elsewhere.
4. A mother and only child—in Brentwood for three months in 1962. The report for 1963 states that she has deserted her husband and taken the child with her. The N.S.P.C.C. are dealing with this case.

Two families who were mentioned in the Report for 1962 as having deteriorated on account of the admission to mental hospitals of the mother in one case and the father in the other are still in much the same state but show no further deterioration.

(c) *Use of Specially Selected Home Helps and Loan of Kitchen Equipment*.—The County Council's proposals under section 28 of the National Health Service Act, 1946, indicate that such steps as are considered necessary will be taken to prevent physical neglect or risk of mental illness of children or the break-up of problem families or potential problem families. Such steps may include the use of specially selected home helps to work with the mother in her home to teach her housecraft. In 1963, eight cases were dealt with ; six cases received help in 1962.



It is important that the families who receive this help should be properly selected. Where, within the divisional administration of the service, the health visitor considers that a special home help would be valuable she refers the case to the divisional medical officer. It is intended that the home helps shall be used in families where the work is truly preventive, *i.e.*, where there are signs of deterioration and it is reasonable to expect some improvement if a home help is introduced to give practical instruction and advice. The divisional medical officer in conjunction with the home help organiser selects the home helps required for this special work. They are chosen for their sound common sense and practical approach. The helps are given adequate briefing and lecture sessions are arranged for their instruction in teaching methods, household routine, including the planning of daily and weekly tasks, household budgets and cookery.

The period during which the service of a selected home help is granted varies according to the particular requirements of each case, but after a trial period of two weeks the health visitor is required to submit a report on the working of the arrangements and a decision is then made as to whether any improvement in the family condition is likely to follow. The continuation of the special help is then at the discretion of the divisional medical officer. During the whole of this period close liaison is maintained between the health visitor, the home help organiser and the home help and there are regular consultations among this team of workers on the progress made with the individual mother. Eventually the home help is gradually withdrawn and supervision of the family continued by the health visitor who, of course, may occasionally re-introduce the home help if necessary.

In order that the home help may pass on the full value of her teaching to the mother it is essential that the family should possess the minimum of basic kitchen equipment, such as saucepans, cutlery, crockery, etc. In a case where a minimum of kitchen equipment is not available enquiries are made with a view to obtaining assistance from any voluntary sources or from the National Assistance Board. If this is not possible, the divisional medical officer may authorise the purchase of approved articles for free loan to the family for as long a period as the health visitor considers necessary. Meanwhile the mother is encouraged to make good the deficiencies in her own equipment so that eventually the loaned articles may be withdrawn.

Normally a charge is made for a home help in accordance with the family income but in these special cases the divisional health committee, at their discretion, may reduce the assessed charges or waive them altogether for a period of five weeks subject thereafter to a review each month in cases where it is considered that the supply of home help would be a major contribution to meet the problems of the family. The divisional health committee may decide subsequently that the charge should be increased, by stages if necessary, up to the full amount that would normally be paid in accordance with the assessment scale.

(d) *Provision of Day Nursery Accommodation.*—Children of problem families are regarded by the County Council as coming within the priority groups for admission to day nurseries and provision is made in the assessment scales regulations whereby the fee normally payable on the basis of family income can be reduced or waived altogether if the circumstances warrant such a course.

(e) *Social Case Work.*—The County Council's proposals under section 28 of the National Health Service Act, 1946, allow for the employment of social case workers either directly or through a voluntary agency.

Arrangements have been made with the Oldham and Liverpool Family Service Units to undertake social case work in County areas adjacent to these two County Boroughs and the equivalent of one whole-time case worker is provided by each unit.

Cases requiring assistance are referred to the units from a number of sources, including the divisional medical officers or their staff as a result of the case conferences, and close liaison is maintained with the divisional medical officers to whom reports are sent. From these it is confirmed that whilst much good work is being done these families will require constant supervision and guidance for a very long time. During the year 1963, 31 cases were dealt with by the Family Service Units.

In addition family unit accommodation is provided under the National Assistance Act, 1948, to deal with evicted families. Further reference to this work is made on page 111 of this Report.

**Chiropody Service.**—This service, which came into operation on 1st January, 1960, is provided under section 28 of the National Health Service Act, 1946, and the following proposals were approved by the Minister :—

“ The County Council will provide a chiropody service by the employment or use of the services of qualified chiropodists or may assist voluntary bodies to provide a chiropody service, priority being given initially to the elderly, physically handicapped and expectant mothers.

“ It is the Council's intention to provide a service throughout the Administrative County as soon as circumstances permit.

“ Use will be made wherever possible of the Council's clinics, but arrangements may also be made for the use of other suitable premises, such as chiropodists' own surgeries, and for domiciliary visits where necessary.

“ The number of sessions to be provided will vary according to the needs of the district.”



In accordance with the Minister's suggestions the service is made available to the elderly (men of 65 or over and women of 60 or over), registered handicapped persons and expectant mothers, and voluntary associations already providing a chiropody service have been given the opportunity of continuing their services in accordance with the general conditions laid down. The service is provided either in clinics or chiropodists' surgeries according to local circumstances and domiciliary treatment may be provided on the authority of a medical practitioner, district nurse, health visitor or midwife. No charge is made for treatment.

The divisional health committees and councils of delegate districts are responsible for the administration of the services within their areas and these may be provided directly by such bodies or by arrangements with local voluntary associations.

During 1963 the service provided directly by the County Council continued to expand. Nine additional chiropody clinics were opened, bringing the total to 94. In areas where it has not been possible to set up a clinic, arrangements have been made for treatment to be carried out in private surgeries. The table below shows that during 1963, approximately two-thirds of the patients treated under the direct services were treated in clinics.

The indirectly provided services are organised by voluntary associations who claim grants from the County Council in respect of expenditure on chiropodists' fees and certain other expenses. Almost all of these services were founded prior to 1st January, 1960, and have expanded rapidly since that date. The composition of the indirect services differs considerably from that of the direct services since there has been less tendency on the part of the voluntary associations to concentrate treatment in clinics. Consequently the number of patients treated in surgeries is a much higher proportion of the total than in the direct services.

A comparison and summary of the direct and indirect services for 1963 is given in the table below together with the totals of patients and treatments provided in each of the last three years. Detailed statistics for each area are given on pages 186 and 187, Table 20 covering the services provided directly by the County Council and Table 21 the services provided by voluntary associations.

	Chiropody service provided—					
	Directly by County Council		By voluntary associations		Total	
	Patients	Treatments	Patients	Treatments	Patients	Treatments
<i>Category of patient—</i>						
Aged persons ... ..	22,153	116,259	19,818	115,527	41,971	231,786
Handicapped persons ...	323	2,003	212	1,193	535	3,196
Expectant mothers ...	81	132	4	6	85	138
<b>TOTAL ... ..</b>	<b>22,557</b>	<b>118,394</b>	<b>20,034</b>	<b>116,726</b>	<b>42,591</b>	<b>235,120</b>
<i>Place of treatment—</i>						
Clinic ... ..	14,917	70,984	8,191	42,674	23,108	113,658
Surgery ... ..	1,677	10,825	6,479	43,163	8,156	53,988
Home ... ..	5,963	36,585	5,364	30,889	11,327	67,474
<b>TOTAL ... 1963 ...</b>	<b>22,557</b>	<b>118,394</b>	<b>20,034</b>	<b>116,726</b>	<b>42,591</b>	<b>235,120</b>
1962 ...	19,568	101,352	21,417	117,527	40,985	218,879
1961 ...	15,060	73,451	20,349	114,500	35,409	187,951

From the above summary it will be seen that of the combined chiropody services roughly one-half is undertaken in clinics and one-quarter each in surgeries and in patients' homes. On average the number of treatments given per patient in the year 1963 was 4.9 to those attending clinics, 6.6 to those attending surgeries and 6.0 to patients treated at home.

**Health Education and Propaganda.**—Once again the year's activities have been aimed towards helping people to maintain their health and encourage them to take an interest in their physical and mental well being. The various means of communication with the public have been used and special attention has been paid to activities involving health education programmes in schools.

Personal contacts again proved their great value in all kinds of situations. Many requests to provide speakers were received on a wide variety of topics including such subjects as home safety and sex education. In the majority of talks there was an active stimulation for audience participation and a strong encouragement for the putting of questions. This is an ideal way of maintaining interest and differs from the lecture which is solely concerned with the passing on of specific information.



**FILMS AND FILMSTRIPS.**—Silent and sound films and filmstrips are still the most popular media for the introduction or illustration of a talk. Unfortunately these media tend to be misused and sometimes there has been a bias for the entertainment aspect to be more important than the educational one. Occasionally the films requested have borne little relation to the subject matter of the talk and there has been a tendency to try and cover too wide a range of subjects in too short a time. The policy is always to provide a speaker at all film shows and ensure as far as possible that the topics discussed shall be within the mental level and the grasp of the audience. During the year 428 film shows were given. This compares with the total of 302 for the previous year.

The film and filmstrip library was kept under review and the following extra titles were added:—

“ Time Pulls the Trigger ”

“ Smoking and You ”

**POSTERS, PAMPHLETS AND OTHER LITERATURE.**—Numerous requests for health education literature were received and dealt with in respect of the multifarious pamphlets, posters, throw-aways and other paper literature kept by the Health Department. This is the very uninspiring bread and butter work of the department but whilst time consuming it still provides one of the main outlets of information to the public. Some idea of the stock and turnover can be gained from the fact that over 250,000 items are normally kept in stock and more than 450,000 items were supplied during the year.

Three special poster campaigns were held during the year, two relating to smoking and health and the remaining one dealing with food hygiene and the prevention of the breeding of flies. All the material used was supplied free of charge by the Ministry of Health.

The printing of divisional handbooks by advertising firms was discontinued and a new edition produced by the department. The new handbook is smaller, more compact and the information contained therein more readily available to the enquirer than in previous editions. Four divisional areas were supplied with this new form of handbook and it is anticipated that the remaining areas will be supplied during 1964.

The newly designed health service leaflets proved to be popular and it is anticipated that a complete new print will be required early in 1964.

**SMOKING AND HEALTH.**—A joint statement was issued in 1962 by the Ministries of Health and Education that health education activities should be directed towards the education of the public on the dangers of smoking. A special exhibition was designed and built which illustrated the main points brought out by the report of the Royal College of Physicians on smoking. The exhibition illustrates graphically the dangers of smoking on health and also draws attention to the bad economics of smoking. The remaining part of the exhibition points out some of the social evils and habits of the careless smoker. The exhibition has been specially designed for school children of 11 years of age and over. Its aim is to start children talking about the problem of smoking and to help them make an intelligent decision in view of the evidence presented.

Some three weeks after the staging of the exhibition a follow-up team is made available to the schools taking part. Suitable films are shown and opportunity given for the children to ask questions from a panel of speakers. There is some evidence to suggest that intelligent teenagers are little interested in the prospects of bronchitis or lung cancer at a later age. They are, however, more interested in the possible wastage of money by smoking and also in the general untidiness and the litter which is usually associated with smokers. During the year the exhibition visited four townships and some 9,400 children were conducted around by members of the health department and divisional health staff.

The subject of smoking and health was also the theme of the 1963 display at the Royal Lancashire Show where the exhibition proved a great attraction and was seen by over 3,000 persons.

Towards the close of the year, when the weather was unsuitable for young people to be about, it was suggested that parts of the smoking and health exhibition might profitably be staged on industrial premises. An approach was made to a large firm for permission to stage parts of the exhibition there and the offer was eagerly accepted by the resident medical officer. The exhibition has been erected stand by stand, week by week, in this industrial undertaking. The results have been very encouraging and the various panels caused much discussion and argument. It is considered that the effort has been well rewarded and the scheme has since been extended to include another firm's premises. This type of industrial presentation would appear to have great possibilities.

The mobile unit of the Central Council for Health Education again visited the County and during May and June, 1963, visited 70 schools and one Teachers' Training College.

In addition to the campaign, films and filmstrips were shown to senior school children at 42 schools, involving 10,870 pupils.

**DENTAL HEALTH EDUCATION.**—In consultation with the Chief Dental Officer, a special exhibition was designed and built with the aim of increasing the knowledge of children from the age of 7 to 11 on the formation and care of their teeth and of encouraging a more positive attitude towards their preservation. A second aim was to show the dentist as a friend far more interested in helping children to retain their teeth than in drilling, extracting and causing pain. At each stage of the



exhibition the staffing was done by trainee dental hygienists from Manchester University, dental auxiliaries on the County staff and other members of the Health Department. The three campaigns were held at Ashton-in-Makerfield, Heywood and Garstang and approximately 3,500 children were involved.

Parts of this exhibition have been put on display at various clinics and three of its stands were loaned on request for a display by the General Dental Council, London, on their two-day seminar.

Minor campaigns were also staged during the year in three County districts.

**HOME SAFETY.**—Throughout the year liaison was maintained with the voluntary home safety committees in the County area. The health education officer addressed a number of meetings on the subject of home safety and, in districts where there was no voluntary committee, he stressed the value of such committees to the community. As a result of these efforts five new committees commenced their activities in the County area during 1963.

Special displays were arranged for the Swinton and Pendlebury, Eccles, Colne and Leyland Home Safety Committees. One very successful effort in Leyland was a lecture/demonstration on the "Kiss of Life" technique of resuscitation, attended by approximately 150 young people of the town.

The Health Department home safety trailer exhibit entitled "Home Safe Home" was entered in four carnival processions during the summer months and received very favourable mention. An exhibit was prepared as usual for the annual flower show of the English Electric Company, Clayton-le-Moors.

The first number of the new health department publication, "Home Safety News," was despatched to home safety committees in July, 1963. This news sheet is designed to serve a two-fold purpose—firstly, to bring to the notice of the various committees current information on home safety matters and, secondly, to provide a means whereby representatives of home safety committees may air their views and exchange ideas.

**HEALTH SERVICES STAND.**—A new stand giving details of the various health services available to the public in general was designed for use at an exhibition of social services arranged by the Urban District Council of Trawden. This exhibit is of such an interesting nature that it is anticipated that it will eventually be displayed in all divisions of the County Council.

**HEALTH TALKS.**—Of a total of 814 talks on health matters in 1963, excluding routine talks at school clinics and child welfare centre sessions, the greater part (608) were given in schools on the following subjects :—

Subject	No. of talks
Feet and posture ... ..	11
Hygiene ... ..	88
Mothercraft ... ..	215
Dental hygiene ... ..	45
Home safety ... ..	15
Immunisation, vaccination and infectious diseases ... ..	3
Work of the health visitor, etc. ... ..	4
First aid and anatomy ... ..	85
General health ... ..	46
Smoking and lung cancer ... ..	55
Growing up ... ..	41

Subjects covered in the remaining 206 talks were as follows :—

Subject	No. of talks
Antenatal and child care ... ..	18
Training lectures to the public (first aid, home nursing, etc.) ...	17
The health services ... ..	28
Home safety ... ..	19
Work of the assistant divisional medical officer, health visitor...	30
Training lectures to staff and students ... ..	31
Mental health ... ..	22
Smoking and lung cancer ... ..	4
Dental hygiene ... ..	2
Care of the aged and handicapped ... ..	17
General subjects ... ..	18



The staff concerned in all the above talks were as follows :—

Medical officers	...	...	...	...	...	...	...	86
Assistant superintendent health visitors	...	...	...	...	...	...	...	30
Home teachers of the blind	...	...	...	...	...	...	...	1
District nurses	...	...	...	...	...	...	...	2
Home help organisers	...	...	...	...	...	...	...	7
Mental welfare officers	...	...	...	...	...	...	...	8
School nurse/health visitors	...	...	...	...	...	...	...	648
Speech therapists	...	...	...	...	...	...	...	2
Training centre supervisors	...	...	...	...	...	...	...	10
Welfare organisers	...	...	...	...	...	...	...	17
Administrative staff	...	...	...	...	...	...	...	3

**MENTAL HEALTH.**—During the year Dr. W. Mary Burbury, consultant psychiatrist, held conferences with groups of “key” people, including head teachers, children’s officers, staffs of special schools, probation officers, health visitors, mental welfare officers and matrons of day nurseries.

*In-service Training in Mental Health for Medical Officers.*—A course of training for medical officers, under the direction of Dr. Burbury was completed in 1963. This was planned with the object of doing something to fill the gap in the medical curriculum regarding mental health and was called for very largely by the medical officers themselves. Under the overall title of “Human Development and Mental Health” it was divided into two parts, each consisting of some fifteen meetings taking the form of lecture discussions.

The aim was to give the doctors attending, in Dr. Burbury’s words, “some knowledge of the psychological development of the person to maturity—of mental health—and subsequently of some of the causes and phenomena of mental illness, of syndromes, treatment and prognosis and finally of the functions of the doctor in the public health field, preventive, clinical and after-care. This last has become of specially great importance to them, since the Mental Health Act encouraged the treatment of patients in their own homes, and thus discharge from hospital at as early a date as possible. The intention was to enable these doctors to make use of their knowledge, first, in the special field of parents and children so that fewer mistakes in the handling of children might perhaps reduce the incidence of maladjustment later; secondly, knowledge of the norms of childhood behaviour in the hope that the treatment of their ‘problem periods’ might not be such as to create real maladjustment.”

The first series of meetings was concerned with human development with the emphasis on childhood and adolescence, while the second part was planned, again in Dr. Burbury’s words, “with the purpose of trying in a brief course to give some idea of the possible causes of mental disturbance; a general description, illustrated by case histories of the common syndromes, some insight into the varieties of treatment and—so far as possible—prognosis. Finally, as being especially the province of these doctors, some suggestions as to their function in preventive care and after-care and of the nature and value of care in the community, together with comments on the problems that may arise from this way of handling the psychologically sick, both for themselves and the families who live with them. Alongside this series of talks, a number of relevant films were presented, and there was opportunity for discussion of both the film and the lecture material. Between the two courses, there was a period of four to five months and we planned for this work-projects which it was hoped would stimulate thinking and interest and also mean a further active contribution from the doctors themselves.”

Sometime later as a follow-up of this course a week-end conference was held at St. Annes-on-the-Sea of the majority of the 40 doctors who had attended. There is no doubt that the main impression in their minds was one of appreciation that they had had this opportunity to widen their knowledge of mental health and most of them felt that this would be of practical use to them in their future work. Various suggestions were made and there were a few criticisms but this was to be expected.

### HOME HELP SERVICE

The continued increase in the demands on the home help service in 1963 again necessitated the recruitment of additional staff so that, by the 31st December, the total number of home helps, including those employed in the four delegate districts (see page 39), had risen to 3,983, an increase of 195 over the previous year’s figure. Of these, four were employed whole-time and the remainder part-time for varying periods. The establishment of organisers and assistant organisers, who are responsible for the day-to-day control of the service under the direction of the divisional medical officers or medical officers of health of delegate districts, was 54 full-time and two half-time. The full-time equivalent of the 3,983 home helps, *i.e.*, 2,107, was 113 more than the corresponding figure at the end of the previous year.

The County Council’s proposals regarding the home help service enable a laundry service to be provided for bedding and night clothing of persons urgently needing such assistance and who are in receipt of home help. Similar provision is also made in connection with the prevention of illness and after-care schemes under section 28 of the National Health Service Act, 1946, and for the time being the laundry service will function under this section.



In addition, the County Council's proposals under section 28 indicate that such steps as are considered necessary will be taken to prevent physical neglect or risk of mental illness of children, or the break-up of problem families or potential problem families. In this connection, the Health Committee have agreed to the employment of specially selected home helps. Further particulars are given on page 94.

**Service Statistics.**—Since 1959 service statistics have been provided by (a) an annual count and classification of cases attended and (b) an analysis of the service in four selected weeks in each year (the 11th week of each quarter). In consequence of an alteration made at the same time to the definition of a "case" the case figures for 1959 and subsequently are not comparable with those recorded for earlier years.

The statement below shows for the Administrative County as a whole the number of home helps employed at the 31st December of each of the last five years, together with their whole-time equivalents, and the number of instances by type of case in which home help was provided in each of those years.

Year			Home helps employed at 31st December		No. of cases for which home help was provided during the year for—							Total cases attended per 1,000 popula- tion
					Problem families	Confinements		Tuber- culosis	Chronic sick and aged & infirm	Illness and others	Total	
			Total	Whole time equivalent		At home	Away from home					
1959	...	...	3,069	1,549	18	727	145	135	13,684	1,567	16,276	7·6
1960	...	...	3,200	1,651	14	725	114	123	15,130	1,549	17,655	8·1
1961	...	...	3,449	1,780	24	735	130	122	16,619	1,429	19,059	8·6
1962	...	...	3,788	1,994	13	725	132	116	17,808	1,593	20,387	9·1
1963	...	...	3,983	2,107	20	673	141	122	19,412	1,613	21,981	9·7

Table 22, page 188, gives for the year 1963 a detailed breakdown of the case totals and shows for each health division and delegate district the number of cases attended, distinguishing where appropriate between cases aged under 65 years and those aged 65 years and over, the proportion each category of case forms of the total of patients cared for and the ratio of cases attended to population served.

Table 23, page 189, reproduces the analysis of the service provided during the 11th week of the December quarter, 1963, and gives comparative totals for all case categories combined for the corresponding week in the December quarter of the previous year. The pattern of the supply of home help is clearly defined. Of the 14,418 cases attended, 13,028 or 90 per cent. were persons aged 65 years and over and these cases received 78,585 hours or 89 per cent. of the total amount of help provided during the week (88,504 hours). Not shown in the table is the fact that 13,057 cases either lived alone or lived with another person incapable of housework. The table also illustrates the distribution of help to the ten categories of cases both as regards the number of days of the week on which help was provided and the number of hours of service involved. Of the 14,418 cases attended 10,699 required help on only one or two days of the week and 12,674 cases required less than 10 hours' service.

A comparison of case totals and total hours of service provided during corresponding weeks of the December quarter of the past five years shows that, in a period of service expansion, there was a small reduction each year in the weekly number of hours of service per case.

Year	Total cases attended during the week	Total hours of service provided	Hours per case
1959	9,844	68,068	6·91
1960	11,108	72,635	6·54
1961	11,729	74,779	6·38
1962	13,198	83,832	6·35
1963	14,418	88,504	6·14

**Ability of Users to Pay for the Service.**—Under the provisions of section 29 (2) of the National Health Service Act, 1946, recovery is made from persons availing themselves of the home help service of charges for the services rendered. For assessment of these charges a scale of allowances is in operation in order to ascertain the net income from which recovery can be made. The charges are reviewed and, in appropriate cases, reduced after the third week of service and again after the thirteenth week. In any event the cost to the user of the service in no case exceeds the actual cost of the service to the County Council.

From periodic analyses of assessments made it may be said that in about 85 per cent. of the cases attended home help is ultimately provided free—a corollary to the fact that the bulk of the persons attended are old, infirm and chronic sick.



## MENTAL HEALTH

The County Council's service for the prevention of mental illness and the care and after-care of mentally disordered persons includes the provision of training centres, special care units and hostels for both children and adults and the employment of mental welfare officers to undertake social work. Social clubs for the mentally subnormal and the mentally ill are established in co-operation with local voluntary societies and hospitals and the County Council are also responsible for the supervision of patients placed under guardianship.

Co-operation between the local health authority, hospitals, general practitioners and others concerned with mental health, including voluntary bodies, continued during the year at a high level.

**Administration.**—The routine administration of the service is delegated to divisional health committees and delegate district councils, but policy is decided by the County health committee through the mental health sub-committee.

**VOLUNTARY ASSOCIATIONS.**—In connection with the mental health service, no duties have been delegated by the County Council to voluntary associations but a grant is made annually to the National Association for Mental Health in recognition of its work, particularly in the organisation of conferences and training courses.

A number of branches of the National Society for Mentally Handicapped Children are active in the County area and are of considerable support in the local administration of the service. Two of them provide voluntary staff for special care units which are maintained independently of training centres. The societies are also particularly helpful in organising and supporting, in association with the County Council, social clubs and centres for mentally subnormal people.

**STAFF.—Medical Officers.**—The majority of the medical staff of the County Council possess one of the qualifications prescribed under the Medical Examination (Subnormal Children) Regulations, 1959, and are also approved under the Mental Health Act, 1959, for giving medical recommendations in respect of mentally disordered patients.

**Consultant Psychiatrists.**—The policy of the Regional Hospital Boards to develop their psychiatric service by the establishment of peripheral units with consultant psychiatrists serving local areas of the major mental hospitals has been a most progressive step in the development of the new aspect of mental health. Consultant advice readily available to general practitioners and the medical and mental welfare staff of local health authorities, together with the creation of local out-patient clinics, has established the basis for a close co-ordination of field work service and whilst there may be individual views still prevailing as to the respective functions, or extent of functions, of the members of the team concerned with the community care, it is felt that the foundations laid since the Act came into operation are sound and that the service to the community must inevitably progress with experience and with the development of the County Council's plans. It is most satisfactory to report that in general there is good relationship and close harmony with the consultant staff and with general practitioners in the Administrative County area.

The four consultant psychiatrists who were appointed in a part-time capacity by the County Council between 1953 and 1955 continued to advise the County Council's mental welfare officers on the care and after-care of mentally ill patients.

**Mental Welfare Officers.**—At the end of the year 62 mental welfare officers, including one psychiatric social worker, three female mental health workers with no statutory duties under the Mental Health Act, 1959, and two welfare assistants were employed. During 1963 the establishment for senior mental welfare officers, within the existing mental welfare officers' establishment, was increased to provide for such posts in eight of the nine health divisions where they did not already exist and by the end of the year appointments had been made in four of these health divisions, bringing the total number of senior mental welfare officers to twelve.

**Hostel and Training Centre Staff.**—The numbers of hostel and training centre staffs at the end of 1963 were as follows :—

	Hostel	Junior and mixed centres	Adult centres
Warden ... ..	1	—	—
Deputy warden ... ..	1	—	—
Attendants ... ..	3	—	—
Supervisors ... ..	—	21	8
Assistant supervisors ... ..	—	84	—
Handicraft instructors ... ..	—	7	35
General helpers ... ..	—	24*	7
Cooks ... ..	2	1	2
Meals assistant/guides (part-time) ... ..	—	2	—
Meals assistants (part-time) ... ..	—	24*	6
Guides (part-time) ... ..	—	68*	10
Physiotherapists (part-time) ... ..	—	5	—
Cleaners (part-time) ... ..	6	40*	19

\* Some members of the staff in the groups indicated by an asterisk are shared by the junior and adult centres at Huyton which are in the same building.



Of the supervisors and assistant supervisors 28 held the Diploma of the National Association for Mental Health for teachers of the mentally handicapped.

**Staff Training.**—During 1963 one mental welfare officer obtained the general certificate in social work and at the end of the year two were taking the course. Four mental welfare officers attended the induction course for newly appointed staff arranged by the National Association for Mental Health, four attended the 1963/64 annual refresher course at Leeds, and three psychiatric social workers attended a five-day refresher course. Mental welfare officers also took part in a number of conferences dealing with aspects of their duties and, in order to give them greater opportunities to discuss with their colleagues on the County Council's staff the points of importance, problems and difficulties arising from their work, arrangements were made during the year for a series of meetings to be held at centres in different areas of the County for this purpose. The first such meeting took place in October, 1963.

The establishment of an in-service training scheme for training centre staffs was still under consideration at the end of the year and it is hoped that courses will commence in 1964.

Three members of the training centre staff obtained places on the one-year diploma course of the National Association for Mental Health which began in September, 1963, at Manchester.

**Building Programme.**—During the year under review four new adult training centres were brought into operation at Chadderton, Hindley, Urmston and Wardle providing an additional 240 places and at the end of the year a further 21 projects (nine adult training centres, one junior training centre, eight adult hostels and three junior hostels) were in course of construction and expected to be brought into operation during 1964.

The major impediment to progress continued to be that of finding suitable sites and of obtaining planning approval. Public opposition invariably leads to lengthy delays, although in only one case during 1963 did it result in the Ministry of Housing and Local Government deciding to hold a public local inquiry. Planning permission for the project was granted following this inquiry. It is obvious that a great deal needs still to be done in the field of propaganda and public education before the mentally disordered can be readily integrated into community life and to this end it has been decided that consideration be given to the production of a film dealing with the work of the mental health service in Lancashire. Such a film, in addition to its use in educating the public generally, would be of particular value in allaying the misgivings of residents in localities where sites were being sought for mental health service premises.

Towards the end of the year the Ministry of Health issued Building Notes Nos. 4 and 5 which laid down minimum requirements for the accommodation to be provided at junior and adult training centres respectively. As a result, the basic plan which had been adopted by the County Council as standard for all the adult training centres was reviewed and a completely new design based on the Ministry's recommendations was to be produced as a standard for future projects.

**FUTURE POLICY.**—The second ten-year health and welfare plan called for by the Ministry in 1963 is summarised on page 46. The lack of statistical information dating back over a reasonably lengthy period makes it difficult to discern trends and to make any firm assessment of what service requirements will be ten years hence. With regard to the hostel service, provision has been made to meet only known existing requirements, *viz.*, those in the community actually awaiting hostel places and those awaiting discharge from hospital when hostel places can be made available for them.

The position with regard to the need for training centre places is a little easier, particularly in respect of juniors. The junior training centre service is sufficiently long established to enable reasonably firm forecasts to be made and the County Council's programme is based on a provision of 0·58 places per 1,000 population as compared with the average for England and Wales of 0·46 per 1,000 population. The position with regard to adult training centres is naturally more obscure and the provision made in the Council's building programme is at the rate of 1·08 places per 1,000 population, as against the figure of 0·55 places per 1,000 population quoted in the Ministry of Health Report as being the national average and, in the Ministry's view, likely to prove inadequate. The figure of 1·08 is itself considered by the County Council to be conservative, representing as it does a ratio to junior places of 1·85 to 1. Indeed, there are already signs that it may well prove to be less than adequate.



**Training Centres.**—Particulars of the training centres provided by the County Council at the end of 1963 and of attendance at the centres during the year are given below, together with the corresponding figures for the two previous years. Similar information for each centre for the year under report is given in Table 24, page 190.

Year		Position at 31st Dec., 1963			Attendances during 1963		
		No. of centres	No. of places nominally available	No. on register	Total day places nominally available	Total attendances	Proportion (per cent.) of attendances to nominal places available
1961	(a)	20	1,071	967	208,351	158,764	76
	(b)	3	180	168	19,420	11,896	61
	(c)	—	—	—	—	—	—
	(d)	23	1,251	1,135	227,771	170,660	75
1962	(a)	20	1,098	1,037	212,994	160,987	76
	(b)	4	240	258	49,420	43,121	87
	(c)	1	20	22	3,740	2,860	76
	(d)	25	1,358	1,317	266,154	206,968	78
1963	(a)	20	1,091	1,034	214,925	165,873	77
	(b)	8	480	478	91,220	74,014	81
	(c)	1	20	22	4,140	3,476	84
	(d)	29	1,591	1,534	310,285	243,363	78

(a) Junior and mixed centres. (b) Adult centres.  
(c) Separate special care units. (d) All centres.

The following table shows the total County cases attending day training centres and special care units at the end of 1963 and each of the previous five years :—

Year	No. of County cases attending —				
	County Council centres		Other authorities' centres	Other bodies' centres	Total
	Junior and mixed	Adult			
1958	783	—	87	12	882
1959	807	—	87	18	912
1960	964	—	123	25	1,112
1961	966	168	115	38	1,287
1962	1,056	257	81	19	1,413
1963	1,108	410	52	27	1,597

In June, 1963, the Eccles and District Society for Mentally Handicapped Children presented to the County Council for use at Orchard Mount Adult Training Centre, Eccles, a 10/12 cwt. van which has proved of great value in carrying raw materials and finished articles to and from the centre. The Chadderton adult training centre, part of which has been equipped to do laundry work for establishments in the health division, has been provided with a redundant ambulance for use as a collection and delivery van, and in November the Health Committee approved in principle the offer by the Stretford and Urmston Society for Mentally Handicapped Children of a van for use at "Meadowside" Adult Training Centre, Urmston.

It is becoming evident in the light of experience that the provision of transport for raw materials and finished articles is an important factor in the successful operation of an adult training centre and consideration is being given to the position at other training centres.

**SPECIAL CARE UNITS.**—It was stated in the Report for 1962 that a survey had revealed a need for special care facilities for mentally subnormal adults, and that the Council intended to include provision for them at a number of selected training centres in areas where there was a sufficient concentration of this type of case. Following discussions, the Ministry of Health agreed to the provision of special care units at the adult training centres being built at Accrington and Fleetwood, the need for further such units to be reviewed in the light of experience gained there.

At the end of the year 12 special care units were being operated by the County Council as part of junior training centres and one, at Eccles, in separate premises; in addition County children attended four such units run by voluntary bodies. The numbers of children attending were 108 and 20 respectively.

**Hostels.**—No new hostels were opened during 1963 but at the end of the year seven adult and three junior hostels were under construction. "Woodview" Hostel, Atherton, had its full complement of residents—15 men and 13 women—by the end of the year and in addition 46 adults and 18 children were maintained by the County Council in residential accommodation provided by other authorities and bodies.

**Short Term Care.**—Arrangements were made by the County Council for 334 mentally subnormal persons to stay at suitable establishments for periods of a few weeks whilst their parents were ill or on holiday. Of these, 201 went to hospitals, 124 stayed at Orchard Dene, Rainhill, or other private establishments and nine at the County Council's "Woodview" hostel for mentally subnormal adults at Atherton.

**Holidays.**—For some years arrangements have been made for parties from junior training centres, escorted by members of the centre staffs, to go away for a week's summer holiday and in 1963 the Health Committee agreed to extend the facilities to trainees at adult centres and hostel residents. The scheme provides for transport charges for the whole party, plus staff accommodation costs, to be paid by the County Council, the accommodation charges for the trainees or hostel residents being met by themselves or their relatives. During the year 47 children from Orchard Mount Adult Training Centre, Monton, Eccles, and 34 children from "The Laurels" Junior Training Centre, Chadderton, had a week's holiday at the Dalmeny Hotel, St. Ann's-on-the-Sea. In addition 21 children from the Mayfield Junior Training Centre, Chorley, had a week's holiday at Bryn Head, Penmaenmawr, and nine County children attending the Preston County Borough Training Centre spent a week in Rhyl.

**Registration and Inspection of Mental Nursing Homes and Residential Homes for Mentally Disordered Persons.**—The five mental nursing homes and one residential home for mentally disordered persons which are registered with the County Council were inspected at six-monthly intervals and all were found to be satisfactory. In previous Reports the annexe of one of the nursing homes was considered as a separate registration and, this being no longer the case, the decrease from six homes in 1962 to five in 1963 does not, in fact, represent any reduction of establishments or accommodation.

**Guardianship.**—Twenty-five patients were under guardianship on the 31st December, 1963. National assistance grants were made in all cases.

**Social Activities for the Mentally Disordered.**—The organisation of evening social centres and clubs for mentally subnormal persons is undertaken jointly by the County Council and voluntary organisations. County Council premises are normally used and mental welfare officers attend but the administration of the clubs, the organisation and supervision of club activities and the arrangements for transport are to a large extent in the hands of volunteers—many of them members of the local branch of the Society for Mentally Handicapped Children—whose enthusiasm and generous support has been invaluable in making the clubs the success which they undoubtedly are. Four new clubs opened during 1963 and at the end of the year there were thirteen clubs in operation providing social activities for approximately 425 subnormal persons.

In addition eight clubs for mentally ill patients, five of which were in association with County Boroughs, functioned throughout the year.

**General Statistics.**—The following tables show the numbers of cases in each of the four categories of mental disorder in County Council care on the 31st December, 1963, with corresponding figures for the three previous years. The total figure for all four categories of mental disorder is equivalent to 3.56 per 1,000 of estimated home population. A detailed analysis is given in Table 25, page 191.

*Mentally ill and psychopathic cases*

Category	1960	1961	1962	1963
Mentally ill—				
Aged under 16 years   ...   ...	31	17	3	10
Aged 16 years and over ...   ...	5,840	5,970	7,436	5,035
Psychopathic—				
Aged under 16 years   ...   ...	—	—	1	—
Aged 16 years and over ...   ...	21	5	1	5
TOTAL   ...   ...	5,892	5,992	7,441	5,050

The total figure for mentally ill and psychopathic cases in 1963 is equivalent to 2.23 per 1,000 of estimated home population. The decrease by comparison with the previous year is unfortunately not attributable to a decline in the incidence of mental illness but mainly to the deletion from the register during 1963 of a number of "non-active" cases who, although originally referred on discharge from hospital, were found no longer to need the help of the mental health service.



*Subnormal and severely subnormal cases*

Category	1960	1961	1962	1963
Subnormal—				
Aged under 16 years ... ..	329	276	283	277
Aged 16 years and over ... ..	953	1,117	1,140	1,237
Severely subnormal—				
Aged under 16 years ... ..	549	663	684	707
Aged 16 years and over ... ..	577	730	786	814
<b>TOTAL ... ..</b>	<b>2,408</b>	<b>2,786</b>	<b>2,893</b>	<b>3,035</b>

The total figure for subnormal and severely subnormal cases in 1963 is equivalent to 1·34 per 1,000 of the estimated home population. The trend towards a small but steady rise in the total figures, with adults showing a greater proportionate increase than juniors, has continued.

The table below shows the number of new cases of mental subnormality (including severe subnormality) referred to the County Council from 1958 onwards and here the increase apparent in previous years was not so marked in 1963 :—

Year	Children under 16 years	Adults of 16 years and over	Total
1958	184	88	272
1959	205	58	263
1960	189	118	307
1961	218	185	403
1962	230	239	469
1963	235	242	477

**OTHER SERVICES**

**Medical Examinations carried out by County Council Medical Staff.**—Medical staff in the health divisions and delegate districts have the responsibility of carrying out medical examinations for a variety of County Council purposes. It is not the policy of the Council to undertake for superannuation purposes the medical examination of newly appointed staff. Candidates complete a form of medical questionnaire (Form M.E.5 Rev.) and only in cases where the answers given indicate some past medical history which raises doubt as to fitness for job is a physical medical examination given.

It is to be noted, however, that in the cases of certain categories of staff, notably staffs employed in the medical, nursing, day nursery and dental services, or where the employee will be in contact with children, satisfactory medical and X-ray reports are required before the candidate can take up duty. In addition medical examinations are carried out at the request of other local authorities throughout the country who are offering appointments to candidates resident in the County area.

The table below shows the major groups of examinations undertaken during 1963. Similar information is given by health divisions and delegate districts in Table 26, page 192.

*Medical examinations undertaken in respect of—*

	No.
Fitness for job—County Council employees—	
*Examinations carried out as a result of scrutiny of forms M.E.5	780
Posts requiring compulsory examination ... ..	915
Fitness to enter other local authority superannuation schemes ...	357
Fitness to enter other local authority sickness pay schemes ... ..	74
Fitness to resume work—County Council employees ... ..	145
Children in care of Children's Committee ... ..	2,076
Entry to teachers' training colleges ... ..	1,728
Entrants to teaching profession (Form 28 RQ) ... ..	443
Mental Health Act, 1959 ... ..	152
Boothstown Remand Home ... ..	1,302
Others ... ..	514

\* During the year 6,538 forms M.E. 5 were scrutinised, but only in those cases where a decision could not be given solely by reference to the form was an actual physical examination carried out.

**Nursing Homes.**—The law relating to nursing homes is contained in sections 187–195 of the Public Health Act, 1936, the Nursing Homes Act, 1963, and the Conduct of Nursing Homes Regulations, 1963.

The Conduct of Nursing Homes Regulations, which came into operation on the 27th August 1963, require the managers of such homes to provide accommodation, care and staffing of a specified standard and where it is felt that a home is not being conducted in accordance with such standard the manager can be required by written notice to take steps to satisfy the authority's requirements. The regulations are intended to obviate difficulties which have occurred in the past in that an authority can now enforce their requirements by legal action if necessary.

The Nursing Homes Act, 1963, under which the regulations mentioned above were made, repeals section 192 of the Public Health Act, 1936, which enabled certain institutions not carried on for profit to be exempted from the provisions of the Act relating to nursing homes, so that after a period of twelve months from the passing of the Act (i.e. after the 15th May, 1964) any such homes in the area of the County Council will need to be registered along with the homes which are run on a profit-making basis.

At the end of 1963, there were 25 registered nursing homes in the Administrative County area, all of which were inspected periodically by the divisional medical staffs.

The 25 nursing homes are situated in the following districts :—

<i>Health Division No. 1—</i>				<i>Health Division No. 10—</i>			
Dalton-in-Furness U.D.	...	...	1	Golborne U.D.	...	...	1
Grange U.D.	...	...	2	<i>Health Division No. 11—</i>			
Ulverston U.D.	...	...	1	Turton U.D.	...	...	1
North Lonsdale R.D.	...	...	1	<i>Health Division No. 12—</i>			
<i>Health Division No. 2—</i>				Radcliffe M.B.	...	...	1
Lancaster M.B.	...	...	1	<i>Health Division No. 13—</i>			
Lunesdale R.D.	...	...	1	Heywood M.B.	...	...	1
<i>Health Division No. 3—</i>				Littleborough U.D.	...	...	2
Lytham St. Annes M.B.	...	...	4	Milnrow U.D.	...	...	1
Poulton-le-Fylde U.D.	...	...	1	<i>Health Division No. 16—</i>			
<i>Health Division No. 7—</i>				Urmston U.D.	...	...	1
Crosby M.B.	...	...	3				
Formby U.D.	...	...	2				

The following is a summary of the action taken with regard to the registration of nursing homes during 1963 :—

No. of applications for registration received during 1963	...	...	...	4
No. of applications for registration under consideration at 31st December, 1962	...	...	...	nil
No. of certificates of registration issued	...	...	...	4
No. of applications withdrawn	...	...	...	nil
No. of applications refused	...	...	...	nil
No. of applications under consideration at 31st December, 1963	...	...	...	nil
No. of certificates of registration cancelled	...	...	...	nil
No. of inspections carried out during 1963	...	...	...	33

Particulars of the cases admitted to and treated in the nursing homes during 1963 are given in the following statement :—

<i>(a) Maternity cases—</i>							
(i) No. admitted	...	...	...	...	...	...	619
(ii) No. of confinements	...	...	...	...	...	...	583
(iii) No. of live births	...	...	...	...	...	...	585
(iv) No. of stillbirths	...	...	...	...	...	...	3
(v) No. of miscarriages	...	...	...	...	...	...	6
(vi) No. of deaths—mother	...	...	...	...	...	...	—
child	...	...	...	...	...	...	1
(vii) No. of confinements at which analgesics used	...	...	...	...	...	...	481
<i>(b) Medical cases—</i>							
(i) No. admitted	...	...	...	...	...	...	2,139
(ii) No. of deaths	...	...	...	...	...	...	205
<i>(c) Surgical cases—</i>							
(i) No. admitted	...	...	...	...	...	...	531
(ii) No. of operations performed	...	...	...	...	...	...	600
(iii) No. of deaths	...	...	...	...	...	...	2



**Nurses Agencies.**—Section 2 of the Nurses Agencies Act, 1957, requires that a person shall not carry on an agency for the supply of nurses on any premises in the area of the licensing authority unless he is the holder of a licence from that authority authorising him to do so. The County Council are the licensing authority in the Administrative County. The Minister of Health, in exercise of the powers conferred on him by section 7 of the above Act, made the Nurses Agencies Regulations, 1961, which came into operation on the 4th July, 1961. These regulations are a consolidation of the Nurses Agencies Regulations, 1945, and the Nurses Regulations, 1947, with minor amendments, but include additions to the classes of persons which a nurses agency may supply.

At the end of 1963, there were no licensed agencies in the Administrative County area.

**Visitors from other Countries, Organisations, etc.**—Many requests are received from other organisations for their officers to visit the Administrative County of Lancaster to study the administration of the County Health Services, to make visits of observation with nursing, midwifery and health visiting and other field staff on their rounds, and to visit the various establishments.

During 1963, the County Health Department's officers, who spend an appreciable amount of time arranging programmes for such visitors, were pleased to welcome the following :—

February 11th/15th ... ..	Miss Ooi Khuan Cheah, Malaya Miss Swee Gim Khor, Malaya	Sponsored by their Government under the Colombo Plan (per Queen's Institute of District Nursing).
March 25th/29th ... ..	Miss E. H. Spiganavicz Buckinghamshire County Council	Per William Rathbone College, Liverpool.
March 28th/April 25th ... ..	The Hon. A. O. L. Baki Mr. M. U. M. Erena The Hon. E. B. Mamiso	Nigerian Government Officials (as guests of Commonwealth Relations Office).
July 1st/5th ... ..	Miss M. J. Conway, Leicester	Per Queen's Institute of District Nursing.
October 7th/11th ... ..	Miss M. A. I. O'Kieffe, Trinidad	Sponsored by own Government.
October 28th/November 1st ...	Miss A. Whyte, Superintendent, Fulham D.N.A.	Per William Rathbone College, Liverpool.
November 13th/18th ... ..	Mr. A. M. Sule, Nigeria Mr. E. Vuakatagane, Fiji	Government officials, (via Manchester University)
November 25th/29th ... ..	Mrs. R. Akinsete, Nigeria	Per British Council of Nurses and Federal Government of Nigeria.
September 16th/October 4th ...	Miss Sarapudely Chinappen, Mauritius	Via Edinburgh University.

## WELFARE SERVICES

### WELFARE OF THE AGED AND INFIRM AND THE HOMELESS

**Residential and Temporary Accommodation.**—Section 21(1) of the National Assistance Act, 1948, provides that it shall be the duty of every local authority, subject to and in accordance with the provisions of Part III of the Act, to provide—

(a) residential accommodation for persons who by reason of age, infirmity or any other circumstances are in need of care and attention which is not otherwise available to them ;

(b) temporary accommodation for persons who are in urgent need thereof, being need arising in circumstances which could not reasonably have been foreseen, or in such other circumstances as the authority may in any particular case determine.

Section 21(2) provides that in the exercise of their said duty a local authority shall have regard to the welfare of all persons for whom accommodation is provided, and in particular to the need for providing accommodation of different descriptions suited to the different descriptions of such persons as are mentioned in sub-section (1).

These functions of the County Council are carried out in accordance with a scheme made by the County Council and approved by the Minister of Health.

**RESIDENTIAL ACCOMMODATION PROVIDED.**—Full residential accommodation for persons in need of care and for certain homeless families is provided under section 21(1) in premises managed by the County Council, by other local authorities and by voluntary organisations. The following is a statement of the number of persons for whom the County Council were responsible and who were provided with this type of accommodation during 1963 :—

	Males		Females		Children
Homes managed by County Council ...	1,265	...	2,200	...	—
Homes managed by other local authorities	24	...	47	...	—
Former public assistance institutions managed by the County Council ...	302	...	330	...	4
Former public assistance institutions, etc., managed by other local authorities	100	...	109	...	—
Establishments managed by voluntary organisations—					
Homes for the Blind ...	48	...	101	...	—
Other than Homes for the Blind ...	272	...	525	...	—
<b>TOTALS</b> ...	<b>2,011</b>	...	<b>3,312</b>	...	<b>4</b>

Of this total of 5,327 County residents, 1,287 (509 males, 774 females and four children) were discharged during the year and 175 males and 262 females died, leaving 3,603 (1,327 males and 2,276 females) still in residence at the 31st December, 1963. The comparable numbers of persons in residence at the 31st December of each of the 10 preceding years were as follows :—

Year	Males	Females	Children	Total
1953 ...	1,105	1,237	56	2,398
1954 ...	1,146	1,299	40	2,485
1955 ...	1,114	1,367	66	2,547
1956 ...	1,168	1,506	46	2,720
1957 ...	1,194	1,548	51	2,793
1958 ...	1,238	1,630	44	2,912
1959 ...	1,239	1,713	31	2,983
1960 ...	1,280	1,871	23	3,174
1961 ...	1,309	1,940	2	3,251
1962 ...	1,304	2,169	—	3,473

The County Council also provided accommodation in premises managed by them for certain residents who were the responsibility of other local authorities with whom, for the most part, "user" agreements existed prior to the 5th July, 1948. There were 67 (26 males, 41 females) such cases still in residence at the 31st December, 1963, as compared with 82 at the end of the previous year.

The accommodation managed by the County Council is provided either in small homes or, to an extent which is reducing year by year, in parts of former public assistance institutions and these premises are listed in Tables 27 and 29, pages 193 and 198, together with details of persons provided with accommodation during 1963. Similar information in respect of County residents of premises managed by other local authorities and by voluntary organisations is given in Tables 28, 30, 31 and 32. It might be noted that, whilst an accommodation capacity for each sex is given in the tables for those properties managed by the County Council, some of the accommodation is in fact adaptable for occupation by either sex according to demand.



Although the number of places in homes increased from 2,242 to 2,347 during 1963 the overall shortage presented an increasingly acute problem at the end of the year when the number of applicants awaiting admission to residential accommodation was 980, an increase of 250 compared with the position at the end of 1962.

In conformity with established policy the opportunity was taken during the year to close the allocated unit at 27, Stanley Street, Ulverston, which had been accommodating 32 residents, this closure being possible by the completion of the new 35-place home at Ulverston.

For some years lack of alternative accommodation prevented the County Council from meeting requests for the transfer of County cases maintained under user agreements in County Borough accommodation. The County Council's building programmes envisage the withdrawal of these cases and during the year some progress was made in this direction.

Authority	Accommodation	No of County cases at 31st December	
		1962	1963
Blackburn C.B.C. ...	Park View, Blackburn ...	10	7
Burnley C.B.C. ...	Moorfields, Burnley ...	5	3
Preston C.B.C. ...	Civic Hostel, Fulwood ...	23	23
Warrington C.B.C. ...	Whitecross Homes, Warrington ...	6	5
Wigan C.B.C. ...	Social Welfare Home, Frog Lane...	4	3
		48	41

*Voluntary Organisations.*—At the 31st December, 1962, financial responsibility had been accepted by the County Council in respect of 708 persons in homes or hostels managed by various voluntary organisations, some of which provide care and attention appropriate to the special need and handicap of the individual. During the year responsibility was accepted for a further 238 residents but 133 were discharged and 97 died, leaving a total of 716 at 31st December, 1963. Details of these figures will be found in Tables 31 and 32 on pages 200 to 203.

*PROGRESS WITH ADDITIONAL ACCOMMODATION.*—The following three purpose-built homes were completed and brought into use during the year :—

Health Division No.	Home	No. of places
1	Marsh House, Ulverston ...	35
11	The Wilfred Geere House, Farnworth ...	35
14	Saxonside, Middleton ...	35

The erection continued during 1963 of the 50-place purpose-built homes at Kirkham, Worsley, Lytham St. Annes, Skelmersdale and Clitheroe.

The erection of the following homes was put in hand during the year :—

Health Division No.	Project	No. of places
4	Walton-le-Dale ...	51
8	Ashton-in-Makerfield ...	51
10	Penketh ...	50
10	Haydock ...	51
14	Failsworth ...	51
17	Ashton-under-Lyne ...	51

*FUTURE POLICY.*—Reference is made on page 45 to the revised ten-year development plan for health and welfare services submitted by the County Council to the Minister of Health, and the proposals relative to the provision of homes for the aged and physically handicapped are there summarised.

*SHORT STAY ACCOMMODATION.*—Twenty places are reserved at The Empress, Morecambe, and ten places at The Cumberland, Fleetwood, to provide residential accommodation for a short period at the seaside for persons in need of care and attention, mainly for one or more of the following reasons :—

1. To restore the necessary degree of capacity for independent living.
2. During the temporary absence on holiday or in hospital of a relative or friend who normally looks after the applicant.
3. To allow relatives a respite at home.
4. During temporary transfer from another home.

In order to avoid excessive demands on the staff at the two homes applications under the scheme can be accepted only from those who are reasonably ambulant and capable of attending to their own personal requirements.



This scheme does not apply to handicapped persons, for whom holiday facilities are available under para. 5 (6) of the County Council's scheme for the provision of welfare services under sections 29 and 30 of the National Assistance Act, 1948, nor to those requiring a short period of convalescence either as a responsibility of the hospital authorities or under the provisions of section 28 of the National Health Service Act, 1946.

At The Empress, 421 short-stay residents, including 53 married couples, were accommodated during 1963 for a total period of 868 weeks, giving an average of 16·7 residents per week throughout the year. At The Cumberland 198 residents, including eight married couples, covered a total period of 411 weeks, with 7·9 as the average number of residents per week. Comparative details for 1962 were 426 admissions to The Empress and 202 to The Cumberland.

Apart from several vacancies during the fortnight before Christmas and a very small number of vacancies created by cancellations which could not be filled at short notice, both establishments were solidly booked-up from late March until the end of 1963.

It is not possible to estimate the number of vacancies which could have been used during the summer months as the accommodation was fully reserved for some time in advance, and it was necessary to refuse many applications or defer the periods of stay to late autumn. Also because of the vacancy position (although there is no uniformity in the general use made of the scheme by health divisions) many divisional medical officers have felt obliged to adopt some form of priority system to avoid a serious disproportion between the number of applications which they recommend for short stay and the number of places available.

The length of stay varies to meet individual circumstances but is generally restricted to 14 days. In all cases, however, an undertaking is obtained to vacate the accommodation at the expiration of the allotted period.

Where possible public transport is used to convey short-stay residents and in necessitous cases free travel vouchers are issued. The charge for the accommodation is the same as for other accommodation provided under Part III of the National Assistance Act, 1948, and short-stay residents are assessed to contribute towards its cost in the same way as permanent residents.

The scheme is operated from Central Office and covers the whole of the Administrative County area.

Whilst it is not practicable to estimate the value of providing short-stay accommodation as a service, there is every indication that the scheme has been of immense benefit in helping elderly persons to continue to live independently, or with relatives or friends who have been relieved of responsibility during holiday periods. There is no doubt that the scheme is increasing in popularity and that the demand for short-stay vacancies is likely to increase still further in the future.

**SPECIAL HOUSING FOR THE AGED.**—In November, 1956, the County Council approved a scheme whereby grants would be made to housing authorities to meet the cost of welfare facilities provided in connection with special housing accommodation for the aged. The financial provisions of the scheme were reviewed in July, 1962, as the experience of actual costs available for several schemes indicated the need to increase the normal unit cost limit to £40 where certain communal facilities are included.

In accordance with the County Council's policy of assisting old people to remain in their own homes as long as possible, district councils as housing authorities have been encouraged by the offer of this grant to provide suitable housing accommodation, such as small bungalows and flatlets, for old people. The minimum requirements of the County Council for the approval of grant are the employment of a resident warden and the provision of call bells linking each old person's dwelling with the warden's house so that she can be called when help is needed. The inclusion of communal rooms, where the old people can meet and perhaps hold socials, and the provision of a laundry are optional features. District councils are urged to keep the estimated annual unit cost of their welfare facilities below £40 and only in exceptional circumstances are more expensive schemes approved.

Grant is paid for any period during which each unit of accommodation provided by the scheme is occupied by an aged person whom the County Council have previously approved as being in need of the additional facilities offered by the scheme, and also for any period during which the accommodation is unoccupied between approved tenancies. For the first two years a provisional grant based on the approved estimated costs is paid, or, as many of the schemes come into operation gradually during the first year, the actual approved costs may be paid for any part of the first financial year. At the end of two complete financial years the actual approved annual cost per unit of housing accommodation is ascertained and this amount will be the basis of the yearly grant for the first five complete years, any necessary adjustments being made in respect of the provisional grant already paid and known impending increases.

The grant (which is made under section 56 of the Local Government Act, 1958) is strictly limited to the cost of providing welfare facilities, and no account is taken of any item properly chargeable to the housing account which could correctly be covered by rent. No account is taken of any subsidisation of rents or assistance in respect of expenditure which is normally borne by the tenant. Income from telephones, bedroom lettings, exchequer subsidy or other items relating to the warden's quarters or communal rooms is deducted.



The warden's appointment is regarded as part-time, and her responsibilities include the general supervision of the old people and the offering of friendly assistance when required. She is also responsible for the general cleaning and caretaking of the communal rooms when these are provided. She is not expected to give nursing care or domestic help as these services are provided by the County Council's existing domiciliary services. It is intended that the warden should give the old people a feeling of security by the knowledge that they have someone on whom to rely and turn to when they need help.

The type of scheme usually put forward by district councils includes a group of small bungalows each providing a sitting room, a bedroom (or a bed-sitting room), kitchen and bathroom, but some district councils have preferred to build flatlets instead of bungalows and occasionally both flatlets and bungalows have been provided. Another alternative has been to acquire and adapt existing property to provide a number of small flatlets and accommodation for a resident warden.

The Moorfields scheme at Swinton, where the special housing bungalows are linked to the adjacent County Council home for the aged for warden services, continues to operate most satisfactorily, and a further 13 schemes of this nature are contemplated.

During the year the following schemes were approved for grant purposes :—

County district	No. of units of accommodation		Estimated annual cost of welfare facilities		Estimated annual cost per unit of accommodation		
					£	s.	d.
Accrington M.B.	...	48	...	...	864	18	0 0
Chadderton U.D.	...	30	...	...	1,008	33	12 0
Darwen M.B.	...	32	...	...	897	28	0 7
Droylsden U.D.	...	26	...	...	884	34	0 0
Ince-in-Makerfield U.D.	...	24	...	...	991	41	5 10
Mossley M.B.	...	28	...	...	1,097	39	3 7
Nelson M.B.	...	*23	...	...	283	12	6 1
Newton-le-Willows U.D.	...	34	...	...	1,087	32	0 0
Padiham U.D.	...	32	...	...	1,085	33	18 2
Prescot U.D.	...	32	...	...	1,035	32	6 10
Standish-with- Langtree U.D.	...	*10	...	...	220	22	0 0
Thornton Cleveleys U.D.	...	37	...	...	1,320	35	13 6
Garstang R.D.	...	*11	...	...	397	36	1 10
Preston R.D.	...	28	...	...	935	31	3 4
Whiston R.D.	...	*18	...	...	272	15	2 3
Whiston R.D.	...	*14	...	...	267	19	1 5

\* No communal facilities provided.

By the end of the year approval had been given to 90 schemes submitted by 58 housing authorities, which will provide 2,158 units of accommodation. Provision for communal facilities was included in 56 of these schemes.

**ACCOMMODATION FOR HOMELESS FAMILIES.**—The policy of the County Council concerning families falling within the scope of section 21 (1) (b) is to maintain and preserve the family as a unit, primarily in the interests of the children but also to improve the prospects of ultimate rehousing and to facilitate such rehabilitative work as may be possible or appropriate whilst the family are in County Council accommodation.

Two properties are in use as special family unit accommodation, *viz.*, Hollins Cottage Homes, Farnworth, providing for 21 families, and 31 Ashburton Road, Trafford Park, housing six families. The properties are designed to provide separate quarters for each family, comprising living room, kitchen and bedrooms with separate bathroom and indoor and outdoor toilets. Electricity is supplied as part of the service and constant hot water is available but gas for cooking purposes is obtained by the families by prepayment slot meters.

Mothers are required to clothe and feed their families and to maintain their quarters in a clean and reasonable condition. The supervisors give such domestic training advice and help as conditions require whilst a social worker deals with personal problems primarily to secure rehousing of the families as quickly as possible.

During the year a special sub-committee was set up to investigate problems arising in temporary accommodation and meetings were held at The Hollins and at 31, Ashburton Road, Trafford Park. Resulting from this investigation a general limit of six months was placed on the period any family may stay in temporary accommodation. This limit was imposed to encourage those who had been content to stay in temporary accommodation for a long period to put more effort into their search for a more permanent alternative. Discretion in the use of this time limit is allowed in certain cases.

A comparative statement of the families in temporary accommodation at the end of 1962 and 1963 is given below.

Premises	December, 1962			December, 1963			Total persons
	No. of families	Total persons		No of families	Parents	Children	
Hollins Cottage Homes, Farnworth ... ..	17	95	...	18	21	101	122
31 Ashburton Road, Trafford Park	7	22	...	5	5	17	22
	24	117	...	23	26	118	144

During the year 137 families were admitted and 138 families were discharged. The following analysis gives details of those discharged from temporary accommodation :—

								No. of families
<i>Period in County Council accommodation—</i>								
Less than four weeks	...	...	...	...	...	...	...	71
One to three months	...	...	...	...	...	...	...	37
Three to six months	...	...	...	...	...	...	...	19
Six to 12 months	...	...	...	...	...	...	...	10
Over 12 months	...	...	...	...	...	...	...	1
<i>Reason for discharge—</i>								
Obtained tenancy of Council house	...	...	...	...	...	...	...	5
Obtained private accommodation	...	...	...	...	...	...	...	68
Placed in "intermediate" accommodation	...	...	...	...	...	...	...	3
Returned to husband or other relative	...	...	...	...	...	...	...	35
Took own discharge—address unknown...	...	...	...	...	...	...	...	23
Mother admitted to hospital	...	...	...	...	...	...	...	4

*Intermediate Housing.*—In 1956 the County Council approved a scheme for dealing with the problems of homelessness in co-operation with district councils as housing authorities. The scheme provides for the County Council to reimburse district councils with certain financial losses incurred in respect of intermediate houses made available for the accommodation of homeless families.

Offers of such accommodation have been accepted as follows :—

Authority			No. of houses	Authority			No. of houses
Chadderton U.D.C.	...	...	2	Stretford M.B.C.	...	...	1
Dalton-in-Furness U.D.C.	...	...	2	Swinton & Pendlebury M.B.C.	...	...	1
Eccles M.B.C.	...	...	2	Turton U.D.C.	...	...	1
Great Harwood U.D.C.	...	...	1	Tyldesley U.D.C.	...	...	1
Kirkby U.D.C.	...	...	2	Up Holland U.D.C.	...	...	1
Leyland U.D.C.	...	...	1	Worsley U.D.C.	...	...	1
Newton-le-Willows U.D.C.	...	...	3	Blackburn R.D.C.	...	...	2
Rawtenstall M.B.C.	...	...	1				

A total of 22 intermediate houses from only 15 of 109 County districts does not indicate the extent of co-operation which is desirable and the offer of more properties would materially help the County Council in dealing with the problem.

**The National Assistance Act, 1948 (Amendment) Act, 1962.**—The effect of this Act, which came into operation on the 24th May, 1962, to amend section 31 of the principal Act, was to extend the existing powers of local authorities (within a County the County Council and the County District Councils) relating to the provision of recreation or meals for old people. Previously limited to making contributions to the funds of any voluntary organisation providing such services, local authorities may now make available further assistance in the form of premises, staff, furniture, vehicles, etc., and, in addition, are authorised to provide meals and recreation for old people either directly or through the agency of voluntary organisations. During the year discussions were carried on with the representatives of the district councils associations with a view to settling some formula for the exercise of these responsibilities.

**Day Care Centre.**—The day care centre at Laburnum House, Crompton, is the first to be provided by the County Council in furtherance of the Council's policy of assisting old people to live out their lives in their own homes and familiar surroundings so far as this is reasonably practicable. The centre provides accommodation for 12 old people daily, most of whom attend two or three times a week. Handicraft training and the usual amenities of the home are available and a mid-day meal and tea provided for 2/-d.—a charge sufficient to cover the approximate cost of the food. Those requiring transport are conveyed by sitting-case car.

The selection of the old people is by reference to their need for care or their relatives' need for relief, so that in the main they are people whose names are already on the waiting list for admission to a welfare home. Applicants requiring specialised care more appropriately supplied by the hospital service are excluded and there is full consultation with the local geriatric consultant in the matter of selection.



Although the centre is operated in association with the new purpose-built home it is not provided under the National Assistance Act, 1948, but under the care and after-care provisions of the National Health Service Act. The services operated by the local health authority under these provisions are generally limited to those set out in an approved scheme, but the Ministry of Health have waived this requirement in view of the experimental nature of the project.

The experience gained at Crompton has proved the value of this new service for the particular cases for which it was designed and it is now hoped to extend the service to other existing premises in the near future.

**Care of the Aged in their Own Homes.**—The objects of the County Council's scheme to promote the care of old people in their own homes are to encourage and assist old people to continue to live in their own homes as long as possible by the use of all available statutory and voluntary services and also to co-ordinate such services as well as to encourage and foster voluntary activity on behalf of the aged.

To achieve these objects the scheme provides for the establishment by divisional health committees of welfare sub-committees. Each sub-committee is fully representative and includes members from each district council, voluntary district old people's welfare committee, hospital management committee and local medical committee within the divisional area. Officers of the National Assistance Board also serve in an advisory capacity together with geriatricians where such appointments have been made. Provision is also made for the appointment by health divisions of a divisional welfare organiser whose duties are to ensure on behalf of the divisional medical officer that the objects of the scheme are achieved.

Efforts have been made to establish in each County district and in each parish of a rural district a voluntary old people's welfare committee. Whilst the divisional medical officer is the co-ordinating link between the divisional welfare sub-committee and the voluntary committees, the usual practice is for the divisional welfare organiser to serve on the voluntary committees. Other divisional officers, such as nurses and health visitors, providing statutory services for the aged are also co-opted on the voluntary committees.

To render help to old people it is necessary to locate them and ascertain their needs, difficult tasks largely undertaken by voluntary workers attached to the old people's welfare committees established in nearly all County districts. At the close of the year the ascertainment surveys had resulted in a total of over 121,000 old people being registered, though not all those registered needed assistance.

The needs of those requiring assistance are categorised and kept under review, frequently by follow-up visits by voluntary and divisional field workers. As a result the demand for statutory services such as the provision of district nurses, home helps, health visitors, National Assistance allowances, etc., has greatly increased and the following voluntary services are also being provided—meals on wheels, clubs, shopping, collecting pensions, changing library books, visiting, transport, provision of clothing and Christmas gifts.

There is very full co-operation between the County Council and the Community Council of Lancashire whose full-time field officer works closely with officers of the County Council in connection with the care of the aged and in the establishment of local old people's welfare committees. The Community Council have also been extremely helpful in the organisation of "leader courses" where talks on statutory and voluntary welfare work have been given to voluntary workers by experienced officers. Those attending the course have been encouraged to pass on the information to other voluntary workers in respect of such services as visiting, meals on wheels, clubs, etc. A grant of £1,200 was paid to the Community Council for the financial year ending 31st March, 1964.

## WELFARE OF HANDICAPPED PERSONS

Under sections 29 and 30 of the National Assistance Act, 1948, local authorities have power to make arrangements for promoting the welfare of persons who are blind, deaf or dumb, and of other persons who are substantially or permanently handicapped by illness, injury, or congenital deformity or such other disabilities as may be prescribed by the Minister. The arrangements made by the County Council for promoting the welfare of these persons are carried into effect in accordance with schemes approved by the Minister of Health.

**Blind Persons.**—During the year under report the County Council in association with local agencies for the blind continued the registration of blind persons and the provision for those persons of certain welfare services. Such services included home visiting by qualified teachers of the blind, the provision of facilities for the employment of suitable blind persons in special workshops for the blind, at home or in open industry, arrangements for the marketing of their produce and the promotion of the general social welfare of all registered blind persons.

**REGISTRATION OF BLINDNESS.**—All applicants for registration are examined on behalf of the County Council by registered medical practitioners with special experience in ophthalmology.

During the year 1963, 1,278 examinations or re-examinations were arranged in consequence of which 560 persons were certified as blind.



ALLEGED BLIND OR PARTIALLY SIGHTED PERSONS.—SOURCE OF REFERENCE.—The Ministry of Health suggested it would be useful to know the sources from which applicants for inclusion in the registers of blind or partially sighted persons are being referred to local authorities for examination, and the following statement analyses in this way the persons referred to the County Council during 1963 :—

Referred for examination by—

(a) General practitioner	...	...	...	...	...	...	27
(b) Medical source other than general practitioner	...	...	...	...	...	...	181
(c) National Assistance Board	...	...	...	...	...	...	175
(d) Lay source other than National Assistance Board	...	...	...	...	...	...	351
TOTAL ...							734

At the end of 1963 there were 4,296 registered blind persons in the Administrative County area, and the following table gives their distribution according to certain specified age groups. For purposes of comparison, the corresponding figures for the preceding year are also given.

Year	Age in years						Total (all ages)
	0—	5—	16—	21—	50—	65—	
1962 ...	11	90	43	560	820	2,757	4,281
1963 ...	20	98	41	539	832	2,766	4,296

SOCIAL REHABILITATION FOR BLIND PERSONS.—Persons who lose their sight in adult life, on realising that they will never see again, often become very depressed. At Oldbury Grange in Shropshire, an establishment belonging to the Royal National Institute for the Blind, newly blind persons are admitted for social rehabilitation and their average length of stay is 13 weeks. It is found in the majority of cases that persons admitted to Oldbury Grange find new courage and new hope.

The County Council pay, either wholly or in part, the maintenance fees of blind persons recommended for a course of social rehabilitation and during 1963 accepted responsibility for one case.

INDUSTRIAL REHABILITATION FOR BLIND PERSONS.—If a blind person is recommended for a course of industrial rehabilitation, the County Council sends all details to the local office of the Ministry of Labour. Details of the person concerned are usually discussed by the County Council home teacher of the blind, the disablement resettlement officer of the Ministry of Labour and a County Council official, and if it is agreed that the blind person should undergo a course of industrial rehabilitation the Ministry of Labour make arrangements accordingly and pay the necessary fees.

During the year 1963 the County Council brought to the notice of the Ministry of Labour the names of eighteen persons who were accepted for a course of industrial rehabilitation and they were admitted to either Manor House or America Lodge at Torquay, establishments belonging to the Royal National Institute for the Blind.

WORKSHOP EMPLOYMENT.—At the end of 1963 the following 17 workshops for the blind employed a total of 161 blind persons under arrangements with the County Council :—

Controlling Body	Address of Workshops for the Blind
Accrington and District Institution for the Blind	... 32 Bank Street, Accrington.
Blackburn County Borough Council	... Mill Hill Street, Mill Hill, Blackburn.
Blackpool and Fylde Society for the Blind	... Castlegate, Lytham Road, Blackpool, S.S.
Bolton County Borough Council	... Marsden Road, Bolton.
Burnley County Borough Council	... Brunswick Street, Todmorden Road, Burnley.
Fulwood (Preston) Institute for Blind Welfare	... Lytham Road, Fulwood, near Preston.
Leeds County Borough Council	... Roundhay Road, Leeds.
Liverpool Cornwallis Street Workshops for the Blind	... Cornwallis Street, Liverpool.



Controlling Body					Address of Workshops for the Blind
Liverpool Catholic Blind Institute ...	...	...	...	...	Brunswick Road, Liverpool.
General Welfare of the Blind, London ...	...	...	...	...	Tottenham Court Road, W.1.
Manchester Henshaw's Institution for the Blind ...	...	...	...	...	Old Trafford, Manchester, 16.
Oldham Men's Workshops for the Blind ...	...	...	...	...	New Radcliffe Street, Oldham.
Oldham Blind Women's Industries ...	...	...	...	...	Werneth, Oldham.
St. Helens and District Workshops for the Blind ...	...	...	...	...	Boundary Road, St. Helens.
Stockport County Borough Council...	...	...	...	...	St. Petersgate, Stockport.
Warrington County Borough Council ...	...	...	...	...	Wakefield Street, Warrington.
Wigan, Leigh and District Workshops for the Blind ...	...	...	...	...	Darlington Street East, Wigan.

The types of employment and the number of blind persons employed in the various occupations are set out below :—

Occupation	Men	Women	Total
Brush maker ...	44	3	47
Skip and basket maker ...	45	2	47
Machine knitter ...	—	29	29
Mat maker ...	19	—	19
Mattress maker ...	3	3	6
Boot and shoe repairer ...	3	—	3
Chair caner ...	1	2	3
Furniture maker ...	2	—	2
Piano tuner ...	2	—	2
Other ...	3	—	3
<b>TOTAL ...</b>	<b>122</b>	<b>39</b>	<b>161</b>

*Remuneration.*—The earnings of blind persons employed in workshops are augmented by the County Council so that every employee receives a living wage. In accordance with a resolution of the Local Authorities Advisory Committee on the Conditions of Service of Blind Workers, the County Council agreed that as from 2nd September, 1963, the minimum rate of weekly payment to blind workers in workshops for the blind be raised from Group II to Group IV of the scales approved by the N.J.C. for Local Authority Services (Manual Workers).

All the blind persons employed at workshops for the blind were registered under the Disabled Persons (Employment) Act, 1944, and were approved as blind workers by the Ministry of Labour.

*HOME EMPLOYMENT.*—The County Council continued to carry out the existing arrangements under which blind persons desirous of engaging in work on their own account are enabled, subject to the approval of the Council, to carry out such work in their homes, occupational centres or elsewhere, *i.e.*, other than in a special workshop, with the assistance and under the supervision of the Council, either directly through the services of the Council's own staff or by arrangements with the registered voluntary organisations. In this scheme, blind persons in this class are referred to as home workers. A blind person is not accepted as a home worker unless he is capable of earning such minimum sum a week as may be agreed by or on behalf of the Council from time to time and of maintaining an average of such earnings over such period as the Council may from time to time approve.

The following agencies for the blind supervise on behalf of the County Council the blind persons included in home workers' schemes :—

Accrington and District Institution for the Blind.  
 Ashton-under-Lyne and District Society for the Blind.  
 Burnley and District Society for the Blind.  
 Colne and District Society for the Blind.  
 Fulwood (Preston) Institute for Blind Welfare.  
 Liverpool Cornwallis Street Workshops for the Blind.  
 Manchester National Library for the Blind.  
 Rochdale and District Blind Welfare Society.  
 St. Helens and District Workshops for the Blind.  
 Wigan, Leigh and District Workshops for the Blind.

The occupations in which the home workers were employed at the end of 1963 were as follows :—

Occupation	Men	Women	Total
Piano tuner ... ..	5	—	5
Hand/machine knitter ... ..	—	9	9
Braille copyist and proof-reader ... ..	3	1	4
Firewood dealer ... ..	1	—	1
Boot and shoe repairer ... ..	2	—	2
Poultry keeper ... ..	2	1	3
Shopkeeper ... ..	2	—	2
News vendor ... ..	3	—	3
Music teacher ... ..	—	1	1
Tea agent ... ..	1	—	1
<b>TOTAL ...</b>	<b>19</b>	<b>12</b>	<b>31</b>

*Remuneration.*—Under the revised Home Workers' Scheme of the County Council net earnings up to and including £4 10s. a week are augmented by the County Council by £4 11s. and £4 1s. a week for blind men and women respectively. The weekly augmentation is reduced in accordance with a sliding scale for earnings exceeding £4 10s. a week.

The workers were registered in accordance with the Disabled Persons (Employment) Act, 1944.

**OTHER TYPES OF EMPLOYMENT.**—The County Council, in consultation with the Ministry of Labour, continued to take steps in appropriate cases to ensure that suitable work was found for blind persons in places other than special workshops or at home. The following table shows the occupations in which blind persons were employed at the end of the year :—

Ministry of Health Classification	Occupation	No.	Ministry of Health Classification	Occupation	No.
I	Professional, administrative, technical ... ..	6	III 2	Salesman, agent, shopkeeper	4
I 1	Physiotherapist, masseur ... ..	3	IV 1	Farmer, market gardener ... ..	7
I 2	Teacher, home teacher ... ..	3	IV 3	Poultry keeper ... ..	3
I 3	Clergyman ... ..	5	V 1	Machine tool operative ... ..	19
I 4	Solicitor ... ..	2	V 2	Fitter, assembler ... ..	9
I 5	Musician, music teacher ... ..	4	V 3	Inspector (manufacturing)... ..	8
I 6	Social worker ... ..	1	V 4	Boxer, packer ... ..	5
I 7	Proprietor, manager, executive ... ..	2	V 5	Security officer ... ..	1
I 8	Doctor ... ..	1	V 15	Piano tuner ... ..	1
II 1	Shorthand typist ... ..	10	V 17	Process worker, craftsman	61
II 3	Clerk ... ..	7	V 18	Labourer ... ..	49
II 4	Telephone switchboard operator ... ..	20	VI 1	Cleaner, domestic, ware-houseman ... ..	15
III 1	Shop manager ... ..	3	VI 3	Miscellaneous ... ..	2
					<b>251</b>

**HOME TEACHERS OF THE BLIND.**—At the 31st December, 1963, the County Council employed 45 home teachers of the blind, whose duties included :—

- (i) discovery of blind persons and ascertainment of their needs ;
- (ii) the visitation of blind persons in their homes or elsewhere within the area of the Council ;
- (iii) teaching blind persons wherever practicable to read embossed literature ;



- (iv) instructing blind persons in simple pastime occupations in their homes or elsewhere and in methods of overcoming the effects of their disabilities ;
- (v) generally assisting in promoting the welfare of blind persons ;
- (vi) advising blind persons of all available social services, including entitlement to financial assistance from the National Assistance Board or other sources ;
- (vii) paying particular attention to those blind persons who are also suffering from some other form of handicap, the nature of which is such as to increase the disability of blindness ;
- (viii) organising social centres and classes.

**SOCIAL AND HANDICRAFT CENTRES.**—At the end of 1963 there were 61 social and handicraft centres at which blind persons resident in the Administrative County area attended. In addition to the lessons given to the blind persons, musical entertainment and refreshments were provided.

The following list shows the districts in which the social and handicraft centres were situated :—

Accrington	Fleetwood	Ormskirk
Ashton-under-Lyne	Fulwood	Orrell
Ashton-in-Makerfield	Golborne	Padiham
Atherton	Heywood	Prestwich
Bacup	Hindley	Radcliffe
*Barrow-in-Furness	Horwich	Rishton
*Blackpool (2)	Huyton	*Rochdale
*Bolton	Kearsley	Standish
*Burnley	Kirkby	*St. Helens
Chadderton	Lancaster	Stretford
Chorley	Leigh	Swinton and Pendlebury
Colne	Litherland	Thornton Cleveleys
Crompton	Little Lever	Turton
Crosby	Lytham St. Annes	Ulverston
Darwen (2)	Middleton	Walton-le-Dale
Denton	Morcambe	Westhoughton (2)
Droylsden	Mossley	Widnes
Eccles	Nelson	*Wigan (2)
Fairclough	*Oldham	Worsley

\* Social and handicraft centre in the area of the County Borough, but available for blind or partially sighted persons resident in the Administrative County area.

**TALKING BOOKS FOR BLIND PERSONS.**—This service is provided by the Nuffield Talking Book Library for the Blind, which is administered by the Royal National Institute for the Blind and St. Dunstan's through their joint Sound Recording Committee, and maintained by the funds of these two voluntary charities.

Both disc and tape reproducing machines are now supplied to blind persons at an annual rental of £2. The machines are the property of the Library and are no longer available for sale. The design of both machines incorporates modern developments in the technique of sound recording, giving a clear pleasant reproduction of the human voice.

The talking books are loaned free of charge. Applicants for membership are expected to work their way through the disc library first of all, and be transferred to the tape library at a later date. Disc recordings are similar in appearance to ordinary gramophone records, but are specially grooved at slow running speeds of 24 and 33 r.p.m. so that about one hour's reading is given on each disc. Tape recordings are housed in a specially designed cassette, which is placed on a special reproducing machine. The equipment is entirely non-commercial and cannot be used in conjunction with any type of commercial machine.

These machines have proved of immeasurable benefit to many blind persons, especially those who, because of age or infirmity, have been unable to learn Braille. They are also available to partially sighted persons provided an ophthalmologist certifies that "owing to failing sight the applicant is unable to read print." There is a long waiting list of applicants, but some degree of priority is afforded on any of the following grounds :—

- (a) Loneliness, e.g. living alone, alone during the day, living in rural or isolated conditions.
- (b) Suffering from additional disability or disease.
- (c) Having limited expectation of life.
- (d) Experiencing difficulty of adjustment to blindness.
- (e) Having a proved literary interest.

There are 252 registered blind or partially sighted persons in the County area who have the use of "talking book" machines. These have been supplied under the following arrangements :—

Owned by user	...	...	...	...	14
Rented direct from Library by user	...	...	...	...	147
Loaned by Agencies for the Blind	...	...	...	...	44
Loaned by County Council	...	...	...	...	14
Loaned by St. Dunstan's	...	...	...	...	12
Loaned by other bodies, e.g. Rotary, Inner Wheel, etc.	...	...	...	...	21
					<hr/> 252 <hr/>



**HOLIDAYS FOR BLIND AND PARTIALLY SIGHTED PERSONS.**—The scheme of the County Council for the welfare of the blind provides that the Council shall continue to promote facilities for holidays for blind and partially sighted persons at holiday homes. During 1963 holidays were arranged for 117 such persons as follows :—

Home	No. of persons
Leeds House, New Brighton ... ..	3
Godfrey Ermen Home, Southport ... ..	83
Henderson Holiday Home, Blackpool ... ..	15
Manchester House, Blackpool ... ..	2
Princess Alexandra Home for the Blind, Blackpool ... ..	6
Springhill, Nelson ... ..	1
The Elms, Salford ... ..	1
Private hotels ... ..	6
	<hr/>
	117
	<hr/>

Transport was provided by an ambulance service vehicle between residence and holiday home for 29 of the persons referred to above, 32 were supplied with a railway warrant and 42 were conveyed to the holiday home under arrangements made by the Blind Society.

In addition the County Council accepted financial responsibility for four blind-deaf people and their escorts who had a week's holiday in Morecambe under arrangements made by the North Regional Association for the Blind.

**WIRELESS TELEGRAPHY ACTS, 1949 AND 1955.**—A blind person (not being resident in a public or charitable institution or a school) who produces to the Postmaster-General a certificate, issued by or under the authority of the Council of the County or of the County Borough in which he is ordinarily resident, that he is registered as a blind person in the area of the County or the County Borough may receive a wireless licence without the payment of any fee, or purchase a combined licence for sound and television for £1 less than the usual fee.

All applications for certificates of blindness for blind persons resident in the Administrative County area are forwarded to the County Council. If the applicant is certified by one of the ophthalmologists acting on behalf of the County Council, the requisite certificate is issued.

During the year 427 certificates were issued.

**CERTIFICATES OF BLINDNESS FOR THE NATIONAL ASSISTANCE BOARD.**—To enable blind persons to have the benefit of the higher scale of national assistance which is payable to persons who are registered as blind within the meaning of the National Assistance Act, 1948, certificates of blindness in respect of the majority of the 560 persons who were registered as blind during the year 1963 were forwarded to the National Assistance Board.

**Partially Sighted Persons.**—For the purposes of the County Council's scheme, a partially sighted person is considered to be one who is substantially and permanently handicapped by congenitally defective vision or in whose case illness or injury has caused defective vision of a substantial and permanently handicapping character. A register of partially sighted persons resident in the Administrative County area is maintained, and many of the services and facilities provided in respect of blind persons are made available to them.

In March, 1963, the Ministry of Health issued Circular 4/63 on welfare services for the partially sighted. This drew attention to the fact that the register for partially sighted people consists of two main groups—those who are nearly blind or likely to go blind and those who are not. It stressed that as a matter of principle the two groups generally require different treatment. Whereas most members of the first group require the full range of services available under existing schemes for the partially sighted and the help of social workers with experience and understanding of the problems of blindness, the needs of the second group will generally be better met through the services provided for the general classes of the handicapped. The aim is that the service shall directly encourage the partially sighted to make full use of such sight as they have and to lead an active life as part of the general community.

The circular stated that the Minister would be prepared to approve an amendment to schemes for promoting the welfare of partially sighted persons so that those on the register of the partially sighted might be provided with services under schemes for the general classes. The County Council subsequently approved of the following additional clause being added to their scheme for the provision of welfare services for the blind and partially sighted :—

“ Notwithstanding anything in this Scheme or in the National Assistance (Handicapped Persons) (General) Scheme, 1952, the Council may, to such an extent as they consider necessary or desirable in the interests of any person to whom this part of the scheme applies, extend to such persons any of the services provided under the said scheme of 1952.”

At the end of 1963 there were 1,589 persons in the Administrative County area registered as partially sighted and the following table gives their distribution according to certain specified age groups. For purposes of comparison, the figures for the preceding year are also given.



Year	Age in years						Total (all ages)
	0—	5—	16—	21—	50—	65—	
1962 ... ..	8	105	53	142	232	958	1,498
1963 ... ..	9	105	60	156	243	1,016	1,589

**Follow-up of Registered Blind and Partially Sighted Persons.**—The following statement gives information as to the incidence of blindness with particular reference to cataract and glaucoma among old people and retrolental fibroplasia among premature infants.

	Cause of disability			
	Cataract	Glaucoma	Retrolental fibroplasia	Others
(i) Number of cases registered during the year in respect of which Section F of Forms B.D.8 recommended :—				
(a) No treatment ... ..	121	23	—	235
(b) Treatment (medical, surgical or optical) ...	219	55	—	150
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment ... ..	145	46	—	123

**Deaf or Dumb Persons.**—Local Societies for the Deaf act as agents of the County Council in regard to the provision of welfare services in accordance with the Council's scheme and provision is made for minority representation of the Council on the committees of the various societies. Qualified welfare officers employed by the societies assist deaf people in many ways—by visiting, acting as interpreters, in obtaining employment, etc. In addition, they supervise institutes which cater for the religious, recreational and welfare needs of deaf and dumb people.

The County Council make a grant to each society based on the number of deaf persons over 16 years of age resident in the County area supervised by the society.

The following statement shows the Societies for the Deaf which received payments from the County Council for 1963 and the number of deaf persons resident in the Administrative County area who were supervised by these societies :—

Deaf Society	No. of deaf persons aged 16 years and over
Blackpool and Fylde ... ..	34
Bolton, Leigh and District ... ..	114
Bury and District ... ..	17
Carlisle (Barrow) Diocesan Mission ... ..	14
Liverpool Adult Deaf and Dumb Society ... ..	102
Liverpool Catholic Deaf Society of St. Vincent de Paul ... ..	37*
Manchester Institute for the Deaf ... ..	208
North and East Lancashire Welfare Association ... ..	225
Oldham ... ..	50
Rochdale and District ... ..	35
Salford and District Association ... ..	60†
Southport and District ... ..	22
St. Helens and District ... ..	24
Warrington, Widnes and District ... ..	44
Wigan and District ... ..	83
	<hr/> 972 <hr/>

\* Included in the 102 supervised by the Liverpool Adult Deaf and Dumb Society.

† Included in the 208 supervised by the Manchester Institute for the Deaf.

The amount paid to the North Regional Association for the Deaf for the financial year 1963-64 was £882 8s. 0d.

**Handicapped Persons other than the Blind, Partially Sighted, Deaf and Dumb.—REGISTER.**—There were more names on the County Council's register of handicapped persons at the end of the year—4,853 as compared with 4,702 on the 31st December, 1962. Details of those registered on the 31st December, 1963, classified in accordance with the Ministry of Labour's code for disabled persons, are as follows :—

Code	Classification of handicap	Sex	Age in years					Total (all ages)
			0—	16—	30—	50—	65—	
A/E	Amputation ... ..	M.	1	9	56	93	109	268
		F.	—	4	16	44	48	112
F	Arthritis and rheumatism ... ..	M.	—	5	32	91	91	219
		F.	2	14	74	348	284	722
G	Congenital malformations and deformities	M.	8	30	27	38	11	114
		F.	5	40	39	47	14	145
H/L	Diseases of digestive and genito-urinary systems, of heart or circulatory system, of respiratory system (other than tuberculosis) and of skin.	M.	1	24	38	166	70	299
		F.	2	16	51	132	81	282
Q/T	Injuries of head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than tuberculosis) of upper and lower limbs and of spine.	M.	2	29	74	81	61	247
		F.	4	13	37	83	52	189
V	Organic nervous diseases — epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.	M.	28	157	277	315	100	877
		F.	20	128	262	318	95	823
U/W	Neurosis, psychoses and other nervous and mental disorders not included in V.	M.	—	15	42	36	11	104
		F.	—	26	36	38	16	116
X	Tuberculosis (respiratory) ... ..	M.	—	1	22	39	10	72
		F.	—	2	14	13	5	34
Y	Tuberculosis (non-respiratory) ... ..	M.	—	4	6	9	—	19
		F.	—	3	11	7	5	26
Z	Diseases and injuries not specified above	M.	3	26	20	20	17	86
		F.	1	12	18	48	20	99

**OCCUPATIONAL THERAPY.**—Occupational therapists and handicraft instructors employed by the County Council attended handicapped persons in their own homes and gave instruction at social centres. In some divisions they taught handicrafts to residents of County Council Part III establishments. A full-time occupational therapist or handicraft teacher is employed in twelve divisions, whilst part-time staff are employed in the remaining five divisions. One of the delegate authorities has a full-time occupational therapist. In some of the larger divisions two full-time officers are employed.

In 1963, 15,197 domiciliary visits were made to 1,302 persons as compared with 16,170 visits to 1,262 persons in 1962. Handicraft classes were held in some districts under the Further Education Regulations, teaching staff being employed by the Education Committee. The number of persons attending classes, including those held at social centres, was 1,085. The comparable figure for 1962 was 957.

**SOCIAL CENTRES.**—County Council social centres have now been set up in all but two of the 17 health divisions and also in two of the four delegate districts. At the end of the year there were 33 in operation with a total active membership of 1,092. Voluntary organisations such as the Inskip League of Friendship, the Cripples' Help Society and the Invalid Tricycle Association also run social centres for the handicapped in some areas. Financial assistance was given to various local branches of these organisations.

**SOCIAL WORKERS.**—Bearing in mind the recommendations of the Younghusband Committee, the County Council decided to employ a social worker in every division except Health Division No. 1 where it was considered more appropriate to employ a welfare assistant.

The social workers on the staff are employed to provide services for the aged and the physically handicapped, and their duties include the maintenance of waiting lists for County Council residential accommodation. To carry out the necessary re-organisation of social welfare work it was obvious that the duties of divisional welfare organisers would have to be modified. Initially they had been appointed to encourage voluntary effort for the aged, as well as to co-ordinate the services provided by the County Council and voluntary organisations, and as such they were primarily administrative officers whose duties included some social welfare work. Following this re-appraisal the divisional welfare organiser is now employed as a senior social worker with some administrative duties.



By the end of the year the County Council were employing 17 divisional welfare organisers as senior social workers, 12 social workers and 12 welfare assistants. In addition, seven employees were sent on two-year training courses in social welfare work.

**RESIDENTIAL ACCOMMODATION.**—Work commenced at Fleetwood on the 30th April, 1962, on the 50-place specialised home for the handicapped, which was completed (but not in use) by the end of 1963.

It is proposed to build other homes for the handicapped during the next few years in Crosby and Worsley.

On the 31st December, 1963, the County Council were maintaining 187 epileptics in colonies and homes and 41 handicapped persons in homes run by voluntary organisations. In addition, 942 handicapped persons were maintained in the County Council's welfare homes or homes managed by other welfare authorities. By far the largest proportion of these persons had handicaps associated with old age, but eight men and four women between the ages of 16 and 30 years, and 21 men and 16 women between the ages of 30 and 50 years, were living in welfare homes provided by the County Council.

**HOLIDAYS.**—Arrangements were made for 366 handicapped persons to have a holiday during the year, either two weeks at a convalescent home or one week at a holiday camp. Details are as follows :—

	No. of handicapped persons				
Convalescent Homes ...	...	...	...	...	134
Prestatyn Holiday Camp ...	...	...	...	...	232
					<hr/> 366 <hr/>

Handicapped persons staying at holiday camps were conveyed by motor coach except for a small number who preferred to travel in their own motor invalid tricycles. Others staying in convalescent homes were conveyed by ambulance transport (75 cases) or were able to use public transport.

**TRANSPORT.—General.**—In addition to the transport mentioned in the preceding paragraph, arrangements were made to convey severely handicapped persons to weekly meetings at social and/or handicraft centres. During the year 254 persons were regularly conveyed by ambulance service vehicles and 462 by private hire transport.

The vehicle specially adapted for the conveyance of handicapped persons and donated by the Leyland Round Table to the County Council for use in the area of Health Division No. 4 was brought into service during 1963.

With regard to the provision of other specialised vehicles it was thought that the most suitable would be one based upon the Bedford V.A.S. chassis designed for a 30-seater coach and manufactured with forward control and a side-loading hydraulic hoist in which handicapped persons can be lifted in their wheelchairs. There is no doubt that the provision of suitable transport is a vital need in the establishment and operation of satisfactory services for all types of handicapped persons and it can be assumed that expenditure will continue to rise as the County Council's services for the handicapped develop and expand. There is a particular need for a specialised vehicle in Health Division No. 14, where the overall annual mileage is considered to be in the region of 18,000. An order was placed during the year for such a vehicle and it is hoped to obtain delivery early in 1964. It is anticipated that similar vehicles will be provided in the future for other areas of the Administrative County.

**CAR PARKING BADGES.**—On a recommendation of his Advisory Committee on Health and Welfare Services the Minister of Health, in 1961, asked local welfare authorities to issue badges to identify the vehicles of handicapped drivers whose disability allowed only limited mobility. Each local authority was left to make its own arrangements for the issue of badges. The scheme has now been reviewed by the Ministry who have recommended no changes in its operation but have clarified the categories of handicapped persons eligible to receive badges, viz. :—

1. Those with invalid carriages supplied by the Ministry of Health.
2. Those with defects of locomotion who need specially adapted vehicles.
3. Those who as a result of amputations or with heart and chest conditions have really severe difficulty in walking or who have a defect of the spine or central nervous system which makes control of the lower limbs difficult.

The County Council are issuing these badges in appropriate cases, and by the end of the year they had been supplied to 593 handicapped persons. The number of badges issued during the year was 97. The badges are valid for a period of three years from date of issue.

**SHELTERED WORKSHOPS.**—Consideration was given in 1961 to the provision by the County Council of sheltered workshops for the physically handicapped and an approach was made to 18 County Borough Councils to ascertain their views on the possibility of joint action. Of the nine County Borough Councils expressing interest, one (Manchester) indicated that there would be the possibility of the employment of a limited number of handicapped persons from the Administrative County if a proposed new workshop scheme were put into operation, another (Warrington) pointed out that joint action had already been taken by the employment of two severely disabled sighted persons from the Administrative County in Warrington Blind Workshops. The other County Borough Councils interested in joint action were Barrow-in-Furness, Blackpool, Bolton, Bury, Liverpool, Rochdale, Salford and Southport. After further consideration it was decided not to pursue the question of joint action for the time being. Enquiries continued to be made, however, to ascertain the need for sheltered workshops for the physically handicapped and it was eventually decided in 1963 that there was insufficient demand to justify setting up sheltered workshops in the County area.

**ADAPTATIONS AT THE HOMES OF HANDICAPPED PERSONS.**—Assistance was given to 63 handicapped persons in connection with adaptations needed at their homes to enable the Ministry of Health to supply an invalid vehicle and storage shed. In addition, 126 persons were assisted with alterations designed to afford them greater comfort or convenience. The cost to the County Council was £3,811.

**AIDS, GADGETS AND EQUIPMENT.**—As a general rule the County Council do not provide small aids and gadgets as these are either easy to make or cheap to purchase. However, in needy cases they are supplied free of charge. Expensive equipment, such as mechanical or hydraulic lifting hoists, electric page turners, etc., is supplied on loan.

**EPILEPTICS AND SPASTICS.**—The following statement shows the number of persons ordinarily resident in the Administrative County who are known to be suffering from epilepsy or cerebral palsy :—

					Age (years)		
					0—	16—	Total
<i>Epileptics—</i>							
At home or in special schools	...	...			237	303	540
In epileptic colonies	...	...	...	...	—	187	187
In other Part III accommodation	...	...			—	31	31
					<hr/> 237	<hr/> 521	<hr/> 758
<i>Spastics—</i>							
At home or in special schools	...	...			160	249	409
In homes run by voluntary organisations	...				—	9	9
In other Part III accommodation	...	...			—	4	4
					<hr/> 160	<hr/> 262	<hr/> 422

The services provided for epileptics and spastics and the liaison between the local health services and the diagnostic and remedial services provided by regional hospital boards continued unchanged throughout the year.

## OTHER SERVICES

**Registration of Homes for Disabled and/or Old Persons.**—Sections 37 to 40 of the National Assistance Act, 1948, provide for the registration and inspection by the councils of counties and county boroughs of disabled persons' and old persons' homes.

The day-to-day administration in connection with the registration and inspection of disabled persons' and old persons' homes was referred, throughout the Administrative County area, to the divisional health committees and 59 such homes were registered at 31st December, 1963. The homes are situated in the areas of the following health divisions :—



Health Division No.	District	No. of registered homes
1	Grange U.D. ... ..	1
2	Lancaster M.B. ... ..	1
	Lancaster R.D. ... ..	3
	Morecambe and Heysham M.B. ... ..	2
3	Fleetwood M.B. ... ..	2
	Lytham St. Annes M.B. ... ..	12
	Thornton Cleveleys U.D. ... ..	4
4	Fulwood U.D. ... ..	1
	Preston R.D. ... ..	1
5	Accrington M.B. ... ..	2
	Oswaldtwistle U.D. ... ..	1
6	Nelson M.B. ... ..	2
	Burnley R.D. ... ..	1
7	Crosby M.B. ... ..	8
	Formby U.D. ... ..	2
	West Lancashire R.D. ... ..	1
9	Widnes M.B. ... ..	1
11	Leigh M.B. ... ..	1
12	Prestwich M.B. ... ..	2
	Tottington U.D. ... ..	2
14	Lees U.D. ... ..	1
	Royton U.D. ... ..	1
15	Eccles M.B. ... ..	2
	Swinton and Pendlebury M.B. ... ..	1
16	Stretford M.B. ... ..	1
	Urmston U.D. ... ..	2
17	Ashton-under-Lyne M.B. ... ..	1
	TOTAL—Administrative County ... ..	59

**War Charities Act, 1940.**—Section 41 of the National Assistance Act, 1948, provides for the registration of charities for disabled persons. It is enacted that the War Charities Act, 1940, shall have effect as if references to a War Charity in that Act included references to a charity for disabled persons. Applications to the County Council for registration are referred for consideration to the appropriate divisional health committees and at 31st December, 1963, there were 93 charities registered.

**Charities Act, 1960.**—The County Council maintain an index of local charities in accordance with information supplied by the Charity Commission.

**Temporary Protection of Property.**—Where a person is admitted to any hospital or to accommodation provided under Part III of the National Assistance Act, 1948, or is removed to any other place under an order made under section 47 of the Act (which relates to certain persons who are suffering from grave chronic disease or, being aged, infirm or physically incapacitated, are living in insanitary conditions) such person may not always have made arrangements for the disposal or safekeeping of his property. If it appears to the Council that there is danger of loss of, or damage to, any movable property of his by reason of his temporary or permanent inability to protect or deal with the property and no other suitable arrangements have been or are being made, it is the duty of the Council to take reasonable steps to prevent or mitigate the loss or damage.

This duty is imposed by section 48 of the National Assistance Act, 1948, but the Council are under an obligation to act only where the person's circumstances are within their knowledge or where the possible need for action on their part is brought to their notice, and then only when no other suitable arrangements have been or are being made. Arrangements have been made for hospital management committees to co-operate by notifying divisional medical officers of cases admitted to hospital where action by the Council is considered to be necessary for the protection of a patient's movable property and where other suitable arrangements have not been made.

Apart from the cases mentioned, there arises also the problem of safeguarding the property of those patients who are incapable of managing their own affairs because of mental incapacity. Jurisdiction in these matters is exercised through the Court of Protection, Royal Courts of Justice, to whom it is necessary to make application for orders appointing receivers to manage and administer a patient's estate or give such other directions as may be appropriate and necessary. Section 49 of the National Assistance Act, 1948, authorises the defraying of expenses in connection with applications made by an officer of the County Council.

Where there are no relatives able or willing to act on behalf of the patient, applications are made centrally and require much care in preparation and presentation as well as in acting upon the Court's directions.

Not infrequently the department is called upon to deal with the estates of former residents in hostels or persons whose property has been protected under section 48 of the National Assistance Act when these die leaving no known next-of-kin, and this involves the preparation of a detailed report to the solicitor for the Duchy of Lancaster.

The following summary shows the number of cases dealt with during the course of the year :—

Applications to the Court of Protection for the appointment of a receiver or the issue of other directions in the estates of mental patients ...	4
Action to dispose of property of deceased patients/residents, including reports to solicitor for the Duchy of Lancaster ... ..	13
Cases referred in respect of debts due to the County Council where a charge was established with the court ... ..	20*
Miscellaneous ... ..	21
	—
	58
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\* The total sum recovered as a result of this action was £2,276.

**Civil Defence.—Welfare Section.**—The County Medical Officer of Health was appointed by the County Council as Head of the Welfare Section of the County Division of the Civil Defence Corps and also as County Rest Centre Officer. The work arising in connection with these appointments is described briefly in the following paragraphs.

**REST CENTRE OFFICER.**—The rest centre service is one in respect of which the County Council is charged with both planning and operational responsibility and the work involved has been and still is of a comprehensive and confidential nature. It has included :—

- (a) the formulation of the County Council's rest centre plan ;
- (b) earmarking of premises for use as rest centres in accordance with the County Council's plan ; and
- (c) co-ordination of the rest centre plans and of the premises earmarked for use as emergency meals centres.

The County Council, on the recommendation of the Civil Defence Committee and with the approval of the Ministry of Health, decided to delegate to district councils responsibility for the staffing and local operation of rest centres.

**WELFARE SECTION.**—The officer appointed head of the section is responsible for making arrangements for the training of the personnel of that section in the specialised duties of the section. In the case of the welfare section this is rendered more difficult by the fact that, unlike other sections of the corps which cover one service only, the welfare section is comprised of a number of distinct services. Although the welfare of the public is the predominant feature of each of them they are very diverse in type and operational or functional responsibility for them rests partly with the County Council and partly with County District Councils.

These services are as follows :—

Service	Functional or operational responsibility
Care of the homeless and rest centres	County Council—delegation of local operation to County District Councils. Overall planning and responsibility remain with the County Council.
Emergency feeding ... ..	County Council, overall planning. Local operation delegated to County District Councils.
Evacuation and billeting ... ..	County District Councils.
Information ... ..	County District Councils.
Shelter, welfare and hygiene ... ..	County District Councils.

It was decided, as part of the County Council's Civil Defence Scheme, that the County Medical Officer of Health would act through the divisional medical officers, who would be the appropriate officers locally for welfare purposes, and the divisional basis on which normal health and welfare functions are administered has been followed in the matter of welfare section training.



There has not, however, been any delegation or referring of civil defence functions to Divisional Health Committees. The County Medical Officer of Health in civil defence matters acts as the officer of the Civil Defence Committee and the divisional medical officers, as his representatives locally, are similarly acting on behalf of that Committee.

In late 1962 information was received from the Home Office about the re-organisation of the Civil Defence Corps, which included a re-organisation of the welfare section. The main alteration to the pattern of civil defence was that under the new organisation the volunteers would be split up into class "A," class "B" and reserve volunteers, and that subject to certain conditions, volunteers in class "A" would receive an annual bounty. The re-organisation of the welfare section brought all volunteers under one heading of welfare and in future all volunteers in the welfare section will be trained on a syllabus which includes both care of the homeless and emergency feeding and training.

Since the detail of the re-organisation was received, discussions have taken place on how both the County Council and the volunteers will be affected and a report will be presented to the Civil Defence Committee in 1964, recommending the duties of certain chief officers and staff. At the same time the functional and operational responsibilities of the County Council and County District Councils will be reviewed.

**Compulsory Removal of Persons in need of Care and Attention.**—Section 47 of the National Assistance Act, 1948, has the purpose of securing necessary care and attention for persons who are suffering from grave chronic disease or, being aged, infirm or physically incapacitated, are living in insanitary conditions and are unable to devote to themselves, and are not receiving from other persons, proper care and attention.

For the purposes of this section, the appropriate authorities are the councils of county boroughs and county districts. If the medical officer of health of an appropriate authority certifies such action to be necessary, and subject to certain other specified conditions, the authority may apply to a court of summary jurisdiction for an order for the removal of such a person to a hospital or other suitable place.

The National Assistance (Amendment) Act, 1951, an Act to amend section 47 of the 1948 Act, came into operation on the 1st September, 1951. Its aim and effect was to speed up the procedure for obtaining orders under section 47 in certain instances where removal without delay was certified to be necessary by the medical officer of health and another registered medical practitioner.

Use of the above powers during 1963 was reported in 14 cases by local medical officers of health. Seven were admitted to hospital where four subsequently died, one was discharged after treatment and two were still under care at the end of the year. The remaining seven persons removed under section 47 were transferred to accommodation provided under Part III of the Act. Of these, two were transferred to hospital after three days and the other five were still in residence at the end of the year (three voluntarily).

## SANITARY CIRCUMSTANCES OF THE COUNTY

**Water Supply.**—The populous portions of the Administrative County are, on the whole, well provided with a constant, plentiful, pure and wholesome water supply. The County rural districts also have satisfactory public water supplies available for the bulk of the population, but there are a number of parishes, or parts of parishes, and also isolated units in some urban districts, where the supply is inadequate and unsatisfactory.

The process of creating larger and more effective units by the amalgamation of statutory water undertakers continued during 1963, the following changes taking effect from the 1st April :—

(1) Under the Calder Water Board Order, 1962, this newly constituted Board took over the powers and duties of the Burnley Water Board, the Accrington District Water Board and the water undertakings of Oswaldtwistle U.D. and Padiham U.D.

(2) The Borough of Clitheroe Water Undertaking was amalgamated with the Fylde Water Water Board.

(3) Under the Bolton Water Order, 1962, and the Bolton Water (Amendment) Order, 1963, the area of the Bolton Water Undertaking was extended to include the areas of the former Irwell Valley Water Board and the Borough of Bacup Water Undertaking.

The following tabular statement shows the statutory water undertakers covering the whole of the Administrative County area, the types of supply and the County districts served by each at the end of 1963.

### LOCAL WATER SUPPLIES

Statutory water undertaker	Type of supply	Districts served
<i>Joint Bodies—</i> Ashton-under-Lyne, Stalybridge, Dukinfield and District Water Board.	Upland surface water.	Ashton-under-Lyne M.B. Audenshaw U.D. Failsworth U.D. (part) Mossley M.B.
Calder Water Board     ...     ...     ...     ...	Upland surface water and deep wells.	Accrington M.B. Church U.D. Clayton-le-Moors U.D. Great Harwood U.D. Haslingden M.B. (part) Oswaldtwistle U.D. Padiham U.D. Rishton U.D.
Furness Water Board     ...     ...     ...     ...	Upland surface water.	Dalton-in-Furness U.D. Grange U.D. Ulverston U.D. North Lonsdale R.D.
Fylde Water Board     ...     ...     ...     ...	Upland surface water.	Clitheroe M.B. Darwen M.B. Fleetwood M.B. Kirkham U.D. Lytham St. Annes M.B. Poulton-le-Fylde U.D. Preesall U.D. Thornton Cleveleys U.D. Blackburn R.D. Clitheroe R.D. Fylde R.D. Garstang R.D. Lancaster R.D. (part) Preston R.D. (part)
Heywood and Middleton Joint Water Board...	Upland surface water.	Chadderton U.D. (part) Heywood M.B. Middleton M.B. Prestwich M.B. (part)
Lune Valley Water Board     ...     ...     ...	Upland surface water.	Carnforth U.D. Lancaster M.B. Morecambe and Heysham M.B. Lancaster R.D. (part) Lunesdale R.D.



LOCAL WATER SUPPLIES (*continued*).

Statutory water undertaker	Type of supply	Districts served
Makerfield Water Board... ..	Upland surface water and deep wells.	Abram U.D. Ashton-in-Makerfield U.D. Golborne U.D. (part) Hindley U.D. Ince-in-Makerfield U.D. Leigh M.B. Newton-le-Willows U.D. Orrell U.D. Standish-with-Langtree U.D. Up Holland U.D. West Lancashire R.D. (part) Wigan R.D.
North Calder Water Board ... ..	Upland surface water and springs.	Barrowford U.D. Brierfield U.D. Colne M.B. Nelson M.B. Trawden U.D. Burnley R.D. (part)
Preston and District Water Board ... ..	Upland surface water.	Fulwood U.D. Leyland U.D. Longridge U.D. Walton-le-Dale U.D. Preston R.D. (part) West Lancashire R.D. (part)
West Lancashire Water Board ... ..	Deep wells.	Formby U.D. Ormskirk U.D. Skelmersdale U.D. West Lancashire R.D. (part)
<i>County Borough Councils—</i>		
Bolton C.B.C. ... ..	Upland surface water.	Aspull U.D. Bacup M.B. Farnworth M.B. Haslingden M.B. (part) Kearsley U.D. Little Lever U.D. Radclyffe M.B. Ramsbottom U.D. Rawtenstall M.B. Tottington U.D. Turton U.D. Westhoughton U.D. Whitefield U.D. Worsley U.D. (part)
Liverpool C.B.C. ... ..	Upland surface water.	Chorley M.B. (part) Crosby M.B. Huyton-with-Roby U.D. Kirkby U.D. (part) Litherland U.D. Prescot U.D. Warrington R.D. (part) West Lancashire R.D. (part) Whiston R.D. (part)
Manchester C.B.C. ... ..	Upland surface water.	Atherton U.D. Chadderton U.D. (part) Chorley M.B. (part) Denton U.D. Droylsden U.D. Eccles M.B. Failsworth U.D. (part) Irlam U.D. Prestwich M.B. (part) Stretford M.B. Swinton and Pendlebury M.B. Tyldesley U.D. Urmston U.D. Worsley U.D. (part)
Oldham C.B.C. ... ..	Upland surface water.	Chadderton U.D. (part) Crompton U.D. Failsworth U.D. (part) Lees U.D. Royton U.D.
Rochdale C.B.C. ... ..	Upland surface water.	Littleborough U.D. Milnrow U.D. Wardle U.D. Whitworth U.D.

LOCAL WATER SUPPLIES (*continued*).

Statutory water undertaker	Type of supply	Districts served
St. Helens C.B.C....    ...    ...    ...    ...	Upland surface water and deep wells.	Billinge and Winstanley U.D. Haydock U.D. Kirkby U.D. (part) Rainford U.D. Warrington R.D. (part) West Lancashire R.D. (part) Whiston R.D. (part)
Warrington C.B.C.    ...    ...    ...    ...	Upland surface water.	Golborne U.D. (part) Warrington R.D. (part)
<i>County District Councils—</i>		
Adlington U.D.C....    ...    ...    ...    ...	Upland surface water and springs.	Adlington U.D.
Blackrod U.D.C. ...    ...    ...    ...    ...	Upland surface water and springs.	Blackrod U.D.
Horwich U.D.C. ...    ...    ...    ...    ...	Upland surface water, deep well and springs.	Horwich U.D.
Widnes M.B.C.    ...    ...    ...    ...    ...	Deep wells.	Widnes M.B. Whiston R.D. (part)
Withnell U.D.C. ...    ...    ...    ...    ...	Upland surface water.	Withnell U.D.
Burnley R.D.C. ...    ...    ...    ...    ...	Upland surface water, boreholes, etc.	Burnley R.D. (part)
Chorley R.D.C. ...    ...    ...    ...    ...	Upland surface water.	Chorley R.D. West Lancashire R.D. (part)

**PUBLIC MAINS SUPPLIES.**—The following table, compiled from the local health reports, shows the approximate number of houses and population at the end of 1963 and the preceding year receiving water from the public mains. Almost all received their water supply direct, less than 60 houses being served by stand-pipes at the end of 1963.

*Water supplied from public mains*

	1962		1963	
	No. of dwelling houses	No. of population	No. of dwelling houses	No. of population
Total Urban Districts    ...    ...    ...    ...	637,500	1,894,000	644,100	1,913,500
Total Rural Districts...    ...    ...    ...    ...	101,000	321,800	105,300	333,400
Administrative County    ...    ...    ...    ...	738,500	2,215,800	749,400	2,246,900

In addition to 16,100 new houses reported to have been connected during the year to the public mains supply there were also 113 existing houses provided with such a supply for the first time.

With regard to new sources of supply it was reported from the area served by the Heywood and Middleton Joint Water Board that major construction work at the new Greenbooth reservoir was completed and filling for testing purposes was taking place during 1963. Supplies for domestic use will be available in 1964 if required. In the area of the Lune Valley Water Board the abstraction of water from the River Lune was commenced in October, 1963. At Knowsley (Whiston R.D.) and Haydock U.D., where St. Helens Corporation are the statutory water undertaker, trial boreholes were being drilled and test pumped to prove the sub-strata for additional water supplies and at Withnell U.D., where the District Council are the statutory water undertaker, a new source of supply was provided by the same means.

Reports of deficiencies in quantity—from eight County districts—were considerably fewer than in recent years and it is apparent that a great deal of progress has been made in remedying the causes of many of the earlier complaints. The few instances of unsatisfactory quality which were reported were almost entirely of a temporary nature and due to localised distribution faults. In areas supplied from outside sources sampling of the water by the local authorities is in many cases considered to be unnecessary, or may be carried out only in consequence of complaints from consumers, owing to the fact that the supplying authority itself undertakes routine sampling. During 1963, however, 373 samples of the untreated water were submitted from 21 County districts for bacteriological examination and of these 67 were reported to be unsatisfactory. Of 17 samples submitted from nine districts for chemical analysis, none was unsatisfactory. Where apparatus is installed for the treatment of water going into supply, samples of the treated water numbered 2,292 from 60 districts for bacteriological examination and 116 from 24 districts for chemical analysis. Unsatisfactory results were reported on 176 of the former and none of the latter.



*Fluoridation of Public Water Supplies.*—As was reported in 1962, the Ministry of Health informed local health authorities that the Minister was ready to approve the making of arrangements with water undertakers for the addition of fluoride to water supplies which are deficient in it naturally. The question of fluoridation of public water supplies in the Administrative County area has been considered and steps have been taken to ascertain the views of various water undertakers and other local health authorities as well as the various County district councils in the area on the whole question of fluoridation. As is well known, a small but vocal minority of people who are opposed to fluoridation throughout the country have expressed very strong views against it and various arguments have been put forward concerning the rights of local health authorities, water undertakers, etc., in this matter. During the year 1963 it was learned that a writ had been issued against the Watford Borough Council challenging their powers as water authority to fluoridate water and apparently the British Waterworks Association advised its members to defer any decision in regard to fluoridation until this case had been heard. In view of this and of the varied opinions about the question of fluoridation, the Health Committee of the County Council decided, for the present, to defer action and to await the outcome of the above-mentioned case.

*PRIVATE SUPPLIES.*—According to local reports some 7,580 dwellings, housing an estimated population of 21,000, were still dependent upon supplies from wells, springs, etc., at the end of 1963. Bacteriological examination of the untreated water was made in 557 instances and 333 of the samples were found to be unsatisfactory. Chemical analyses numbered 19, of which six gave unsatisfactory results. Of treated water where treatment was installed, 191 samples taken for bacteriological examination gave 51 unsatisfactory results and one of two submitted for chemical analysis was unsatisfactory. In all cases of unsatisfactory results the consumers were notified and advised on all necessary precautions. In several cases alternative supplies, including connection to the public mains, were provided.

*FINANCIAL ASSISTANCE.*—Under the following heading of "Drainage and Sewerage" reference is made to financial assistance granted to local authorities under the Rural Water Supplies and Sewerage Acts, and section 56 of the Local Government Act, 1958, in connection with water supply schemes.

*Drainage and Sewerage.*—During 1963 some 15,900 newly-built houses, flats, etc., were connected to the drainage and sewerage systems and a further 1,867 existing houses, previously dependent upon other and less preferable methods, were also connected. Whilst there still remains a number of small localities lacking proper drainage and/or sewerage systems this in the main is due to physical barriers such as inclined ground, mining subsidence, canals and railways. Septic tanks are widely used in such areas and during the year 295 new houses and 215 existing houses were so connected.

*RURAL WATER SUPPLIES AND SEWERAGE ACTS, 1944-1961.*—Local authorities are obliged by the Act of 1944 to provide a supply of wholesome water *in pipes* to every *rural locality* in their district in which there are houses or schools, and an extension of mains to points which would enable the houses or schools to be connected thereto at a reasonable cost.

The Act enables the Minister of Housing and Local Government to make grants to local authorities towards the cost of providing a supply, or improving an existing supply, of water and of sewerage and sewage disposal works in a rural locality, but grants in respect of the latter are only made where the Minister is satisfied that the need for the works is due to anything done or proposed to be done to provide or increase piped water supplies in the localities concerned. Where under the Act the Minister undertakes to make a contribution, the County Council concerned are also required to contribute.

The Act provides County Councils with full opportunity of expressing their views on the scope of schemes and the desirability or otherwise of individual schemes being confined to separate parishes or districts or embracing all the areas in question, by requiring local authorities to consult with the County Council before submitting schemes to the Minister.

The Act of 1955 amended the requirements of section 1 of the Act of 1944 with regard to contributions towards expenses incurred by local authorities in connection with water supplies, sewerage and sewage disposal in rural localities.

The Rural Water Supplies and Sewerage (No. 2) Act, 1955, increased the limit of contributions out of money provided by Parliament which may be made under the section referred to above.

With the formation during recent years of a number of water boards which included county borough council undertakings, doubts arose as to the legality of continued contributions to rural district councils under the above Acts as long as a county borough council were a constituent member of a joint water board covering the area of the rural district. The position was clarified by the Rural Water Supplies and Sewerage Act, 1961, which, *inter alia*, provides that where a contribution towards the expenses of a scheme under the Rural Water Supplies and Sewerage Acts is made by the Minister in respect of any rural locality, it continues to be obligatory for the County Council to make a contribution, whatever may be the nature of the water authority to whom the Minister makes his contribution.

Particulars of applications received during the year 1963 are given in the following table :—

Authority	Nature of scheme and estimated cost	Action taken by County Council.	Action taken by Minister of Housing and Local Government
Fylde Water Board ...	Water supply—Darwen (Bog Height Road) (£2,026).	Under consideration.	—
Garstang R.D.C. ...	Sewerage—Parish of Forton (part) — (£90,000) (District Council's share £26,900).	Under consideration.	Minister agreed to make half-yearly payments of £247 for 30 years and County Council agreed to a grant of £229 half-yearly for 30 years.
Lunesdale R.D.C. ...	Sewerage—Parish of Wray (£29,875).	Under consideration.	—
North Lonsdale R.D.C.	Sewerage — Coniston (Tiberthwaite Avenue) (£1,584).	Under consideration.	—
Warrington R.D.C. ...	Main drainage—Stage II (Winwick, Croft & Houghton Green) (£90,700).	Under consideration.	—
West Lancashire R.D.C.	Sewerage—New Lane, Crossens (£5,471).	Approved for submission to Minister of Housing and Local Government.	Minister agreed to contribute £78 half-yearly for 30 years and County Council agreed to contribute £72 half-yearly for 30 years.
West Lancashire R.D.C.	Sewerage—Segars Lane, Halsall (£7,719).	Approved for submission to Minister of Housing and Local Government.	Minister agreed to contribute £73 half-yearly for 30 years and County Council agreed a lump sum of £1,927.
West Lancashire R.D.C. ...	Sewerage—New Cut Lane, Halsall (£7,675).	Approved for submission to Minister of Housing and Local Government.	Minister agreed to contribute £77 half-yearly for 30 years and County Council agreed to contribute £72 half-yearly for 30 years.
West Lancashire R.D.C.	Sewerage—Moss Road, Halsall (£30,813).	Approved for submission to Minister of Housing and Local Government.	Minister agreed to contribute £312 half-yearly for 30 years and County Council agreed to contribute £290 half-yearly for 30 years.

In addition, further action was taken during the year in connection with certain schemes which were the subject of applications made in previous years, and particulars are given in the following table :—

Authority	Nature of scheme and estimated cost	Action taken
North Calder Water Board.	Improvement of water supply—Burnley R.D. — (Noggarth Road, Dimpenley Clough) (£9,100).	For the purpose of making a grant the Minister has combined the cost of these two schemes and has undertaken to contribute £151 half-yearly for 30 years. The County Council agreed a grant of half-yearly payments of £140 for 30 years.
North Calder Water Board.	Improvement and extension of water supply—Burnley R.D. (Parishes of Higham-with-West Close Booth and Old Laund Booth) (£5,000).	
Blackburn R.D.C. ...	Sewerage—Wilpshire (Ribblesdale Avenue) (£8,700).	Approved for submission to Minister of Housing and Local Government.
Burnley R.D.C. ...	Water Supply—Read (£3,100).	The scheme was approved in February, 1963, and the Minister has now agreed to make a grant of £915. The County Council agreed to make a lump sum grant of £850.
Chorley R.D.C. ...	Sewerage—Parish of Brindle (£13,500).	In May, 1958, a scheme was approved for sewerage part of the Parish of Brindle and the Minister has now agreed to contribute £107 half-yearly for 30 years. The County Council agreed a grant of £99 half-yearly for 30 years.



Authority	Nature of scheme and estimated cost	Action taken
Chorley R.D.C. ...	Sewerage—Parish of Hoghton (£21,000).	This scheme was approved in June, 1961, and the Minister has now agreed to contribute £260 half-yearly for 30 years. The County Council have authorised a grant of £241 half-yearly for 30 years.
Chorley R.D.C. ...	Sewerage—Clayton Brook and Clayton Green (£12,960).	The Minister has now undertaken to contribute £158 half-yearly for 30 years, and the County Council have agreed a grant of £147 half-yearly for 30 years.
West Lancashire R.D.C.	Sewerage—Barrow Nook (£28,350).	This scheme was approved in February, 1962, and the Minister has now undertaken to contribute £223 half-yearly for 30 years. The County Council agreed a grant of half-yearly payments of £207 for 30 years.
West Lancashire R.D.C.	Main drainage scheme—Bispham (Parbold) (£130,000).	This joint scheme was approved in March, 1963, insofar as it related to Wigan R.D. (Parbold). In respect of the West Lancashire R.D. portion the Minister has now undertaken to contribute £86 half-yearly for 30 years. The County Council agreed a grant of half-yearly payments of £80 for 30 years.
Wigan R.D.C. ...	Main drainage scheme—Parbold (£130,000).	This scheme was approved in May, 1959, as satisfactory from an engineering point of view subject to modification to take in parts of the Ormskirk U.D. and the West Lancashire R.D. The Wigan R.D. portion of this modified scheme was approved for grant purposes in 1963, the Minister undertaking to contribute £2,087 half-yearly for 30 years and the County Council agreeing a grant of half-yearly payments of £1,938 for 30 years.

LOCAL GOVERNMENT ACT, 1958.—SECTION 56.—Prior to the operation of this Act, grant assistance to local authorities from the County Council towards the cost of schemes was given largely through the medium of section 307 of the Public Health Act, 1936. This statutory power was repealed with effect from the 23rd July, 1958, by section 56 of the Local Government Act, 1958, which gave a general power to the County Council to make any contribution they think fit to the expenses of a County district council. In those circumstances, the formula under which grants had been made under section 307 of the Public Health Act, 1936, was continued under the authority of section 56 of the Local Government Act, 1958.

Particulars of the applications received during the year 1963 for financial assistance from the County Council in respect of water supply and sewage disposal schemes are set out below :—

Authority	Nature of scheme and estimated cost	Action taken
Ashton-in-Makerfield U.D.C.	Culverting of watercourse—Carr Mill Tip (£11,200).	Under consideration.
Ashton-in-Makerfield U.D.C.	Sewerage — Tithebarn Road/ Carswood Road (£6,500).	Under consideration.
Ashton-in-Makerfield U.D.C.	Sewerage — Stubshaw Cross Recreation Ground (£4,300).	Under consideration.
Golborne U.D.C. ...	Sewage disposal works—Mill Lane, Golborne, and Hey Shoot Lane, Glazebury (£340,000).	Under consideration.
Haslingden, Rawtenstall and Bacup Sewerage Board	Redevelopment of Ewood Bridge Sewage Works (£562,900).	Under consideration.
Hindley U.D.C. ...	Sewerage—Hollin's Farm Housing site (£4,017).	Approved for the purposes of the County Council's scheme of financial assistance.
Hindley U.D.C. ...	Surface water drainage—Dog Pool Brook (District Council's contribution £4,000).	Under consideration.
Huyton-with-Roby U.D.C.	Duplication of Swanside sewer (Stage II) (£14,690).	Approved for the purposes of the County Council's scheme of financial assistance.
Huyton-with-Roby U.D.C.	Sewerage—South View Housing Estate (£1,260—District Council's share £500).	Approved for the purposes of the County Council's scheme of financial assistance.
Nelson M.B.C. ...	Reconstruction of main sewer—Netherfield Road/Bradley Road (£34,648).	Under consideration.
Nelson M.B.C. ...	Sewerage—Valley Mills (£9,926).	Under consideration.
Nelson M.B.C. ...	Sewage disposal works (£38,200).	Under consideration.

Authority	Nature of scheme and estimated cost	Action taken
Oswaldtwistle U.D.C.	Sewage disposal works extension — Aspen (£74,013 — District Council's share £58,696).	Approved for the purposes of the County Council's scheme of financial assistance.
Preesall U.D.C. ...	Sewerage and sewage disposal (£50,000).	Under consideration.
Rawtenstall M.B.C. ...	Conversion of private water supply—Ash Mount (£208).	Under consideration.
Rishton U.D.C. ...	Surface water sewer—Westwood Avenue/Commercial Street (£13,000 — District Council's share £9,400).	Approved for the purposes of the County Council's scheme of financial assistance.
Tottington U.D.C. ...	Sewer and storm water overflow —Bury Road (£20,500).	Under consideration.
Tyldesley U.D.C. ...	Sewerage—Chaddock Lane (£11,955).	Under consideration.
Whitefield U.D.C. ...	Storm water overflow—Park Lane area (£7,502).	Approved for the purposes of the County Council's scheme of financial assistance.
Widnes M.B.C. ...	Sewerage and sewage disposal (Stage I) (£1,159,905).	Under consideration.
Warrington R.D.C. ...	Main drainage schemes—various areas—(£16,254 approx.).	Approved for the purposes of the County Council's scheme of financial assistance.

In respect of schemes submitted prior to 1963 only one development occurred during the year, as follows :—

Authority	Nature of scheme and estimated cost	Action taken
Turton U.D.C. ...	Main drainage — Eagley and Bromley Cross (£138,260).	Phases (a), (b) and (c) of this scheme approved for the purposes of the County Council's scheme of financial assistance.

**Closet Accommodation.**—The statement below gives the totals of the main types of all closet accommodation (including that at factories, schools, etc.) in the Administrative County area at the end of 1963 as compiled from the local health reports. The number of *dwelling*s on the water carriage system was approximately 743,200.

*Closet Accommodation at end of 1963*

	Urban districts	Rural districts	Administrative County
Privy middens ... ..	780	1,980	2,760
Privy closets ... ..	940	2,200	3,140
Pail closets ... ..	4,660	4,960	9,620
Fresh-water closets ... ..	699,000	112,000	811,000
Waste-water closets ... ..	31,960	2,240	34,200

A summary of the action taken in the County districts during 1963 to provide the more sanitary types of closet accommodation is given below :—

Conversions	Urban districts	Rural districts	Administrative County
Privy closets to fresh-water closets ... ..	37	125	162
Privy closets to pail closets ... ..	29	12	41
Pail closets to fresh-water closets ... ..	279	481	760
Waste-water closets to fresh-water closets ... ..	1,969	68	2,037



Seventeen trough closets were converted to fresh water closets during 1963 and at the end of the year the total number of trough closets remaining in the Administrative County area was reported to be 288.

**Public Cleansing.**—At the end of 1963 there were reported to be 835,000 movable dustbins in use in the Administrative County area and the number of dry ashpits had declined by over 200 to rather less than 500. Throughout the County area a weekly collection of household and, in most cases, trade refuse was normal but in a very few districts, mainly rural in character, the interval between collections was extended, the maximum period being two weeks. The work was undertaken by labour directly employed by the local authorities and using covered motor vehicles specially designed for the purpose. In one district the operation of a pilot scheme using paper sacks was continued and their use on a small scale in another district was also reported. Controlled tipping was the generally adopted means of disposing of household refuse, other methods reported being crude tipping into disused mineshafts and quarries or separation and incineration.

In 64 of the 109 County districts the owner or occupier was responsible for the renewal of movable dustbins, in 38 districts they were supplied out of the rate fund, in two they were provided by the council on an annual rental and in the remaining five districts a combination of these means of renewal was in operation at the end of the year.

**Sanitary Inspections.**—The following table gives the numbers of premises visited and visits paid during 1963 by local public health inspectors, the defects or nuisances discovered and the action taken in all County districts. It was found necessary to institute legal proceedings in 70 cases.

	No. of premises visited	No. of visits made	Defects or nuisances		No. of notices served	
			No. discovered	No. abated	Informal	Statutory
Urban districts ... ..	209,288	380,567	52,788	47,047	16,786	3,387
Rural districts ... ..	23,001	48,767	2,798	2,242	1,514	101
Administrative County... ..	232,289	429,334	55,586	49,289	18,300	3,488

**Prevention of Atmospheric Pollution.**—Control over atmospheric pollution is effected mainly by County district councils but, as Planning Authority under the Town and Country Planning Act, 1947, the County Council have certain powers. Owing largely to the substantial expenditure involved, however, these are normally limited in practice to the imposition of conditions to planning permissions for industrial development likely to produce considerable smoke. Such conditions require applicants to take all reasonable steps to prevent injury to the amenities of the neighbourhood by the emission of smoke, dust or fumes. The imposition of conditions applies only, of course, to new projects and there is, therefore, a very wide field where planning does not normally come into the picture.

Within this field the powers of the local sanitary authorities under the Clean Air Act, 1956, can be divided into two main groups, *viz.*, (a) general regulatory powers (many of which do not normally apply to domestic buildings) and (b) powers to establish smoke control areas in which the emission of smoke from all chimneys (including domestic chimneys) can, broadly speaking, be entirely prohibited. Whilst County district councils are responsible for enforcing these provisions it is the duty of the County Medical Officer of Health to keep himself informed of the position and the County Council have the right to make representations to the Minister of Housing and Local Government if a district council should be in default in carrying out its duties.

Smoke control areas are established by orders made by the authority and confirmed by the Minister. The effect of an order is, broadly speaking, to prohibit entirely the emission of smoke from all chimneys in the area, but the order can be adapted to local circumstances. Thus smoke control areas may be completely smokeless areas in which all buildings are controlled, or they may be areas, perhaps larger in extent, in which certain classes of buildings only are subject to control or in which certain buildings are exempt, so that the area as a whole may not be entirely smokeless. The Ministry initially pointed out that the establishment of smoke control areas would necessarily be gradual, progress being governed by the supply of smokeless fuels, the rate at which appliances can be converted or replaced and the rate at which local authorities are able to formulate and carry through their smoke control plans. During 1963, in fact, 25 orders involving a total of 16,500 houses and other buildings were submitted to the Ministry and 18, relating to 8,860 premises, received confirmation. The actual number of orders in force at the end of the year was 109, involving 70,000 properties.

The establishment of a smoke control area makes it necessary for many owners or occupiers of dwelling-houses to carry out adaptations to enable smokeless fuels to be used. The Act gives them the right to claim 70 per cent. of the cost in respect of buildings erected before 6th July, 1956, from the local authority who receive a 40 per cent. government grant. The authority may, if they wish, refund to the owner or occupier the whole or part of the balance of the cost. Refunds of the cost of work carried out in advance of the confirmation of the order can only be made if the authority have served notice requiring the work to be done. There is also power to make grants towards adaptations necessary in churches, chapels, buildings used by charities, etc.



Circular No. 69/63 issued during the year by the Minister of Housing and Local Government to all local authorities recognised the need to reshape some of the arrangements under the Clean Air Act as a result of the decline in supplies of gas coke in some areas and acknowledged that the establishment of further smoke control areas might be made more difficult in consequence of the fuel position. It nevertheless emphasised the Government's intention to encourage and facilitate vigorous action against urban smoke pollution and to this end announced revised grant arrangements aimed at encouraging householders to install those heating appliances best suited to the fuel supply—*viz.*, openable stoves, under-floor draught open fires, electric storage heaters, etc. At the same time the need to take full account of the local supply situation in preparing future smoke control orders was stressed and local authorities were advised to discuss their proposals direct with the various fuel and power producers.

Authority was given to district councils under the Act to make building byelaws requiring the provision in *new buildings* of such arrangements for heating or cooking as are calculated to prevent, so far as is practicable, the emission of smoke. By the end of 1963 such byelaws were operative in 73 of the 109 County districts.

Progress achieved is kept under review by a Clean Air Council, appointed under the Act by the Minister, and the National Clean Air Society, of which the County Council and some of the County district councils are members, is also active in this matter. At regional and local level various voluntary associations of local authorities, such as the Manchester and District Regional Clean Air Council and the West Lancashire and Cheshire Smoke Abatement Committee, have been established as advisory and technical bodies for the purpose of improving the control of and reducing atmospheric pollution in the areas represented.

Co-operation between industrial managements and public health officials in the individual and practical problems involved in the elimination of black smoke continued to be very good. The number of smoke observations made during the year throughout the County area was 2,815 and legal proceedings were taken in one instance.

**Movable Dwellings and Camping Sites.**—By section 269 of the Public Health Act, 1936, local authorities are empowered to grant licences authorising persons to allow land occupied by them within the district to be used as sites for movable dwellings, and licences authorising persons to erect and station, or use, such dwellings within the district. Local authorities may attach to any such licence such conditions as they think fit with regard to water supply, sanitary arrangements, free space, etc.

A movable dwelling is described in this section of the Act as including any tent, van, shed or other conveyance whether on wheels or not, and any shed or similar structure which is used either regularly, or at certain seasons only, or intermittently for human habitation, but does not include a structure to which the building byelaws of the local authority apply.

The number of sites in the Administrative County area used for camping purposes during 1963 was 407, according to the reports of local medical officers of health. Licences issued by the local authorities under section 269 of the Act of 1936 numbered 75 in respect of sites and 530 in respect of individual movable dwellings. There were reported to be 1,760 caravans used for permanent occupation.

As from the 19th August, 1960, more effective powers for controlling caravan sites were conferred on local authorities by the operation of the Caravan Sites and Control of Development Act, 1960. As well as strengthening the powers of planning authorities it introduced a new licensing system to be administered within the Administrative County area by County district councils. The purpose of the Act is to secure that all caravan sites, whether residential or holiday sites, are properly equipped and run; that sites are not allowed in the wrong places but are allowed in acceptable places, and that planning permission is not withheld on principle but only where there is some definite planning objection; that permission is given on a long term or permanent basis unless there is some definite reason against this; and that where sites have to be run down or numbers have to be reduced this is done with due regard to avoidance of hardship.

At the end of the year the total number of site licences in operation under this Act was 516, involving some 11,450 caravans. The adoption of the Model Standards issued by the Ministry of Housing and Local Government in conjunction with the Act was reported from 32 County districts in respect of permanent residential caravan sites and from 20 in respect of holiday caravan sites.

**Swimming Baths and Pools.**—New public swimming baths, built by the Borough Council, were opened at Crosby M.B. in November, 1963. They are filled by sea water from the River Mersey and continuous sand filtration is used, the turnover period being approximately three hours. Public swimming baths exist in 32 of the County districts and privately owned swimming baths or pools are used by the public, or specific groups thereof, in 11 districts. In nearly all instances filtration and chlorination plants are installed and the frequency of water change generally varies between three and five hours. During the year 495 samples of the water were submitted to bacteriological examination and 672 to chemical analysis. Thirty-three of the former and one of the latter were found to be unsatisfactory.

**Disinfestation.**—Some degree of infestation of dwellings during 1963 was reported by the medical officers of health of all but 24 of the 109 County districts, but in the majority of districts only a few houses were involved. The 2,634 houses found to be infested included 944 council houses.



The most commonly used method of disinfection was spraying and/or dusting with insecticides and almost the whole of this work was undertaken by the local authority staffs. Contractors were usually employed where hydrogen cyanide gas was used in cases of heavy infestation, particularly during removal of furniture, bedding, etc., to fresh premises.

In order to prevent infestation of council houses or re-infestation after cleansing, it is usual for most authorities to arrange for periodic inspections or visits by public health inspectors, housing managers or welfare officers, who give personal advice to the tenants.

**Prevention of Damage by Pests Act, 1949.**—Under this Act powers relating to the control of rats and mice were vested in the local sanitary authorities upon whom rests the obligation of ensuring freedom from rats and mice in their areas. The Act lays down the duty of occupiers of land to give written notice of rodent infestation to the appropriate authority and the powers given to local authorities enable them, *inter alia*, to serve formal notice on owners and occupiers requiring any necessary work of rodent destruction, including structural work, to be carried out ; to carry out such work in default of the owner or occupier and recover therefrom any expenses reasonably incurred ; and to require information as to the interests in land. Certain powers of entry for authorised persons are also laid down.

At the end of 1963 there were 54 full-time rodent operatives employed by local authorities within the Administrative County area. A further 78 had been employed part-time during the year. Inspections totalling 132,537 were made of 60,844 properties and infestations were discovered to the following degree : major infestation by rats, 577 ; minor by rats, 14,394 ; major infestation by mice, 191 ; minor by mice, 5,915. In all, 33,706 treatments (including re-treatments) were carried out to 20,797 infested properties.

Regular inspection of likely places of infestation, particularly sewers and tips, was reported and routine treatment of sewers was normally carried out at half-yearly intervals.

**Factories Act, 1961.**—The following tables provide a summary of the action taken during 1963 in all County districts in connection with the administration of Parts I and VIII of the Factories Act, 1961.

## PART I OF THE ACT

### 1.—INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH

*(including inspections made by Public Health Inspectors)*

Premises (1)	Number on register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which sections 1, 2, 3, 4 and 6 (relating to cleanliness, overcrowding, temperature, ventilation and drainage of floors) enforced by local authorities ... ..	1,407	1,826	19	—
(ii) Factories not included in (i) in which section 7 (relating to sanitary conveniences) enforced by the local authority ... ..	8,442	5,938	295	—
(iii) Other premises in which section 7 enforced by the local authority *(excluding out-workers' premises)...	703	727	45	—
TOTAL ... ..	10,552	8,491	359	—

\* i.e., Electrical stations, institutions, sites of building operations and works of engineering construction, slaughter-houses and railway running sheds.

## 2.—CASES IN WHICH DEFECTS WERE FOUND

Particulars (1)	Number of cases in which defects were—				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred to H.M. Inspector (4)	Referred by H.M. Inspector (5)	
Want of cleanliness (S.1) ... ..	146	145	—	20	—
Overcrowding (S.2) ... ..	—	—	—	—	—
Unreasonable temperature (S.3) ... ..	4	3	—	—	—
Inadequate ventilation (S.4) ... ..	13	11	—	2	—
Ineffective drainage of floors (S.6) ... ..	6	6	—	—	—
Sanitary conveniences (S.7)—					
(a) insufficient ... ..	85	66	—	24	—
(b) unsuitable or defective ... ..	357	290	—	112	—
(c) not separate for sexes... ..	16	12	—	5	—
Other offences against the Act (not including offences relating to Outwork) ... ..	22	13	5	8	—
TOTAL ... ..	649	546	5	171	—

## PART VIII OF THE ACT

## OUTWORK

(Sections 133 and 134)

Nature of Work (1)	Section 133			Section 134		
	Number of out-workers in August list required by Section 133 (1) (c) (2)	Number of cases of default in sending lists to the Council (3)	Number of prosecutions for failure to supply lists (4)	Number of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing apparel, making, etc....	332	25	—	—	—	—
Household linen ... ..	1	—	—	—	—	—
Furniture and upholstery ... ..	2	—	—	—	—	—
Iron and steel cables and chains	3	—	—	—	—	—
Iron and steel anchors and grapnels ... ..	10	—	—	—	—	—
Umbrellas, etc. ... ..	3	—	—	—	—	—
Nets, other than wire nets ... ..	78	—	—	—	—	—
Paper bags ... ..	26	—	—	—	—	—
Making of boxes or other receptacles or parts thereof made wholly or partially of paper ... ..	182	—	—	—	—	—
Feather sorting ... ..	8	—	—	—	—	—
Basket making ... ..	19	—	—	—	—	—
Cosaques, Christmas stockings, etc. ... ..	6	—	—	—	—	—
Textile weaving... ..	10	—	—	—	—	—
Lampshades ... ..	1	—	—	—	—	—
Rubber trimming ... ..	11	—	—	—	—	—
Sewing chamois leather ... ..	1	—	—	—	—	—
TOTAL ... ..	693	25	—	—	—	—

**Offices, Shops and Railway Premises Act, 1963.**—Prescribing standards which must be observed in a wide field of conditions affecting the safety, health and welfare of employees in all offices and shops, and in most railway buildings near to the permanent way, this Act became law during the year under report but will only become operative in 1964. For most offices and shops the general provisions other than those relating to fire precautions will be enforced within the Administrative County area by the district councils, by whom such premises will be registered. The general provisions include matters relating to cleanliness, overcrowding, temperature, ventilation, lighting, sanitary conveniences, washing facilities, drinking water, accommodation for clothing, seating arrangements, eating facilities, etc., and every local authority is required to appoint inspectors for the purpose of enforcement.



**Rag Flock and Other Filling Materials Act, 1951.**—Under this Act premises used for upholstering, stuffing of bedding and toys, lining of baby carriages, etc., must be registered by the local authority (in the County area the Borough and District Councils) and premises used for manufacturing or storing rag flock must be licensed by such authority. Subject to appeal, a licence may be refused if the local authority consider the arrangements at the premises in question to be unsatisfactory. The renovating or reconditioning of articles and the upholstering of public vehicles are exempted from these provisions. Premises must be inspected and samples of the materials used may be taken for analysis by the public analyst. Power of entry is granted to the authorised officers of the local authority.

At the end of 1963 there were reported to be 72 registered premises in the County area and the number of licensed premises was 24, of which four were used for the manufacture or manufacture and storage of rag flock and 20 for its storage only. Inspections of all premises during the year numbered 61. Twenty samples of rag flock and other filling materials were submitted for examination and all were found to be satisfactory.

**Premises and Occupations which can be Controlled by Byelaws and Regulations.—OFFENSIVE TRADES.**—Offensive trades were carried on in 37 districts during 1963, the premises numbering 98. These were chiefly tripe boilers and/or dressers, gut scrapers, fat melters, tanners, soap boilers, rag and bone dealers, glue manufacturers and leather dressers, but also included 33 fish fryers in four districts where this occupation is classed as an offensive trade. Regular inspections were reported to have been made of all premises.

**COMMON LODGING HOUSES.**—At the end of 1963 there were nine common lodging houses on the registers of seven district councils in the Administrative County. All were reported to be in a satisfactory condition.

**CANAL BOATS.**—No action was reported during the year relating to the inspection of canal boats.

**Inspection of County Districts.**—The work of carrying out surveys of the housing, sanitary circumstances, etc., of districts in the Administrative County area was continued during 1963 and reports on four districts—Hindley U.D., Longridge U.D., Tottington U.D. and Chorley R.D.—were considered by the Public Health and Housing Committee. Copies of these reports, which incorporated recommendations for improvements, were then forwarded to the district councils concerned for consideration and any necessary action.

## HOUSING

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The number of new housing units completed during 1963 in the Administrative County area was almost identical with that in the previous year. The 13,863 new houses were 173 fewer and the 2,567 flats were 177 more than the corresponding totals for 1962, a net increase of four compared with a decrease of 856 in 1962. Local authorities were responsible for the building of 3,088 houses and 2,341 flats, so that the proportionate contribution made by them to the total provision of new housing, which had declined from 77 per cent. to 26 per cent. between 1953 and 1961 and then risen to 30 per cent. in 1962, again increased by a small amount to 33 per cent. Particulars of the dwellings completed in each County district during 1963 are shown in Table 33, page 204.

At the end of 1963 there were approximately 760,000 houses, including flats, etc., in the Administrative County area of which some 216,000 were of post-war construction and one-fifth—158,600—were owned by local authorities. Those reported by local medical officers of health to be unfit for human habitation numbered 17,300, of which 2,280 were the subject of demolition and clearance orders made.

Table 33, page 204, compiled from information supplied by local medical officers of health, gives some indication of the housing activities during the year in each district of the County, together with steps taken regarding property found to be unfit or not to be in all respects reasonably fit for human habitation. In all, 55,658 houses were inspected under the Public Health or Housing Acts for housing defects, 110,566 inspections being made for the purpose. In consequence of action taken by the local authorities or their officers, 16,651 houses found to be not in all respects reasonably fit were rendered fit during the year. Of these, 13,754 were brought up to standard as a result of informal action. Formal notices under the Public Health Acts resulted in the remedying of defects in 2,210 cases by the owners and in 652 cases by the local authorities in default of the owners. Formal notices under sections 9 and 16 of the Housing Act, 1957, secured the completion of necessary work on 29 houses and on six the work was carried out by the local authorities in default of the owners.

Demolition carried out during 1963 accounted for 3,012 houses, of which 2,041 were in clearance areas, and displaced 5,949 persons. The 2,041 in clearance areas related to 1,890 found unfit for human habitation, 38 included by reason of bad arrangements, etc., and 113 which were on land acquired under section 43(2) of the Housing Act, 1957. Of the 971 demolished houses not in clearance areas 843 were the result of formal or informal procedure under section 17(1) of the Act of 1957, 115 were local authority owned houses certified unfit by the medical officer of health and 13 resulted from action taken under local Acts.

Closures were applied to 372 houses under sections 16(4), 17(1) and 35(1) of the Housing Act, 1957, to 20 houses under sections 17(3) and 26 and in five cases to parts of buildings under section 18. The total number of persons displaced by closures was 763.

At the end of 1963 there were reported to be 38 houses, subject to existing demolition or clearance orders, which had been retained for temporary accommodation, 19 under section 48 of the Act of 1957, 16 under section 17(2), and three under section 46.

**IMPROVEMENT GRANTS.**—With effect from the 23rd October, 1958, the Housing (Financial Provisions) Act, 1958, repealed and consolidated, *inter alia*, certain provisions of the Housing Act, 1949, as amended by the Housing Repairs and Rents Act, 1954, whereby a local authority may, subject to specified conditions, make to persons other than local authorities grants in respect of the provision of dwellings by means of the conversion of houses or other buildings, or in respect of the improvement of dwellings by such persons. Exchequer contributions may also be made to local authorities towards losses incurred by them in improving housing accommodation.

With the aim of pressing ahead more urgently with this work of modernisation the House Purchase and Housing Act, 1959, introduced changes in the system of improvement grants which had the effect of simplifying its operation and rendering the grants more attractive to owners. At the same time a new system of standard grants (see below) was initiated to supplement the existing system.

The number of dwellings or other buildings involved in improvement schemes of private bodies or individuals approved for grant by local authorities within the Administrative County during 1963 was 849. In schemes submitted by local authorities to the Minister 122 properties were approved during the year and all but two belonged to local authorities. Schemes actually completed during 1963 involved 716 properties of which 703 were owned by private bodies or persons.



**STANDARD GRANTS.**—As from the 14th June, 1959, the House Purchase and Housing Act, 1959, set up a new system of standard grants to supplement the existing system of improvement grants (see above) paid at the discretion of the local authority. The distinctive features of this system are that these grants are payable only in respect of the provision of specific standard amenities and on the expenditure actually incurred for this purpose and that, provided certain conditions are satisfied, the owner of the property can claim the grant as of right. The system was designed to produce as simple a procedure as possible and enable owners generally to form a reasonably accurate idea of the assistance they can hope to receive before any expense is incurred. It is intended to deal in the main with relatively straightforward cases in which the improvements involve little or no structural alteration, leaving the system of discretionary improvement grants to deal with the more elaborate proposals.

There are five standard amenities eligible for standard grant—(a) a fixed bath or shower in a bathroom, (b) a wash-hand basin, (c) a hot water supply at a fixed bath or shower in a bathroom and at a wash-hand basin and at a sink, (d) a water closet and (e) satisfactory facilities for storing food. These amenities must be for the exclusive use of the occupants of the particular dwelling which, after improvement, must be equipped with all five standard amenities. The water closet must, if reasonably practicable, be in and accessible from within the dwelling or, if that is not reasonably practicable, in such a position in the curtilage of the dwelling or, where the dwelling is part of a larger building, in that building as to be readily accessible from the dwelling. Grant is not payable towards the cost of providing a second water closet or other amenity if there is already one in the house.

During 1963, 5,279 applications were made to local authorities within the Administrative County area and 5,064 were approved. By the end of the year work had been completed in 4,188 approved schemes. Reports of local medical officers of health continue to show quite clearly that applications are mainly made by owner/occupiers, relatively few landlords having so far taken advantage of the grants.

**FINANCIAL ASSISTANCE TO LOCAL AUTHORITIES.**—Provision was made by the Housing Act, 1936, for County Councils to make annual contributions to rural district councils of £1 per house for 40 years in respect of houses provided for the accommodation of agricultural workers. This provision was extended by the Housing (Financial Provisions) Act, 1938, to apply similarly to urban district and non-County borough councils in respect of houses provided by them for members of the agricultural population and, subject to certain conditions, to housing accommodation provided by the local authority for the working classes in any County district.

Later, the Housing (Financial and Miscellaneous Provisions) Act, 1946, provided that, where the Minister has directed that the annual exchequer contribution shall be the "special standard" amount of £25 10s. as against the "general standard" amount of £16 10s., the payment of annual contributions by County Councils to County district councils shall be at the rate of £1 10s. per house for 60 years from the date of completion in respect of those houses erected after the passing of the Act, and, where the Minister so approves, for other houses completed after the 31st December, 1939. Whilst the "special standard" amount is applicable to houses provided for the accommodation of agricultural workers, the Minister may determine in certain other instances that the exchequer contribution shall be the "special standard" amount.

On the 1st August, 1952, further amending legislation in the form of the Housing Act, 1952, was placed on the statute book which provided, *inter alia*, for further increases in the "special standard" and "general standard" exchequer contributions to £35 14s. and £26 14s. respectively in respect of houses completed after the 28th February, 1952, and an increased contribution of £2 10s. by the County Council to County district councils in respect of any such house for which the "special standard" amount is payable. The increased exchequer contributions of the "special standard" amount in respect of houses for the agricultural population are payable at the discretion of the Minister, and will be paid only in respect of houses provided in an isolated area in a small group of not more than eight houses.

In 1954 the Minister of Housing and Local Government reviewed the contributions payable under section 16 of the Housing (Financial and Miscellaneous Provisions) Act, 1946 (as amended by the Housing Act, 1952), and reduced the exchequer contribution for houses completed after the 1st April, 1955, to £31 1s. and £22 1s. for the "special standard" and "general standard" subsidies respectively. The County Council's contribution of £2 10s. in cases where the special standard subsidy is payable by the exchequer remained unaffected.

The Housing (Financial Provisions) Act, 1958, which became operative as from the 23rd October, 1958, repealed all the foregoing legislation insofar as contributions to district councils by the County Council are concerned without affecting the continuation of contributions towards previously approved houses. At the same time, by section 23, it provides for the payment to district councils by the County Council, in respect of houses provided for agricultural workers, of an annual contribution of £2 10s. or less per house for 60 years where the exchequer subsidy is increased under section 5 of the Act.

The total annual contributions paid by the County Council to district councils under the above Acts during the financial year ended the 31st March, 1964, amounted to £2,858 10s. No houses ranking for grant were notified as having been completed during the year ended 31st March, 1964.



## INSPECTION AND SUPERVISION OF FOOD

**Milk Supply.**—The County Council, as Food and Drugs Authority for 93 of the 109 County districts, are responsible within their area for the licensing and inspection of heat treatment plants and premises and for the licensing, under the Milk (Special Designation) Regulations, 1960, of all milk dealers other than producer/retailers (who are licensed by the Ministry of Agriculture, Fisheries and Food). They are also concerned with milk sampling and testing generally and with the administration of the Milk and Dairies (General) Regulations, 1959, insofar as they relate to the general sanitation of dairies and plant licensed by them.

The enforcement of those provisions of the Food and Drugs Act, 1955, relating to milk supplies for which the County Council are the responsible authority include the prohibition of the sale of milk from cows suffering from tuberculosis or other specified diseases, the prevention of the adulteration of milk by the addition of water, colouring matter, dried or condensed milk, etc., the restrictions on the use of special designations and the prevention of the use of false descriptions in relation to milk. Food and Drugs Authorities are also required to enforce provisions concerning the prohibition of the description “cream” in relation to any substance which resembles but which is not “cream” as defined.

The whole of the Administrative County area is a “specified area” where only milk of a special designation may be sold by retail for human consumption. During the year under report 1,289 samples of designated milk (628 pasteurised, 174 sterilised and 487 tuberculin tested) were obtained by sampling officers of the County Council from retailers in the 93 districts comprising the County Food and Drugs area. On submission to the prescribed tests, one sample of pasteurised milk failed the phosphatase test and 12 the methylene blue test. Appropriate action was taken to ensure adequate heat treatment of these supplies in future. All the samples of tuberculin tested milk examined for the presence of tubercule bacilli were reported to be satisfactory.

**THE MILK (SPECIAL DESIGNATION) REGULATIONS, 1960.**—The following statement gives particulars of the dealers’ licences issued by the County Council as Food and Drugs Authority :—

Licence	No. issued in 1963	Total No. in operation at 31-12-63
(1) Dealer’s (Tuberculin Tested) Licence—required by a dealer obtaining tuberculin tested milk (other than prepacked milk) for the purpose of re-sale ... ..	8	93
(2) Dealer’s (Pasteuriser’s) Licence—required by anyone operating a pasteurising plant ... ..	2	13
(3) Dealer’s (Steriliser’s) Licence—for the operation of a sterilising plant	1	4
(4) Dealer’s (Prepacked Milk) Licence—for the purpose of buying and selling prepacked milk (tuberculin tested, pasteurised, sterilised or all three kinds) ... ..	323	4,313

The number of dealers authorised by the above licences to handle and distribute each of the types of designated milk was as follows :—

Designation	No. of dealers licensed—	
	In 1963	At 31-12-63
Tuberculin tested ... ..	98	1,355
Pasteurised ... ..	119	1,646
Sterilised ... ..	217	3,934

From the premises licensed for the heat treatment of milk 412 samples were obtained during the year and submitted to the prescribed tests. One sample failed the phosphatase test. In this case the cause of the failure was discovered and subsequent samples were satisfactory.

In the 16 other County districts autonomous for Food and Drugs purposes there were operative at the end of 1963 five Dealer’s (Pasteuriser’s) Licences in respect of premises and plant used for the heat treatment of milk, 2,452 Dealer’s (Prepacked Milk) and 136 Dealer’s (Tuberculin Tested) Licences. The numbers of dealers authorised to deal in the respective designations of milk by virtue of these licences were—tuberculin tested 680, pasteurised 1,061 and sterilised 1,998.



**PROVISION OF MILK TO SCHOOLS, DAY NURSERIES AND HOMES FOR THE AGED.**—Of the 1,289 samples of designated milks obtained by the County Council's sampling officers (see above), 384 were of milk as supplied to schools, day nurseries and homes for the aged.

The County Council's policy of endeavouring to arrange for heat treated milk to be provided at all schools in the County area was continued, particularly in view of the possibility of brucella infections occurring in raw milk but, where it has been impossible in the more remote parts of the County area to obtain heat treated milk, tuberculin tested milk has been supplied.

**SAMPLING BY LOCAL AUTHORITIES.**—The number of milk samples reported to have been taken during 1963 by officers of the local authorities within the Administrative County and submitted to biological examination for either tuberculosis or brucellosis, or both, was 4,289. The results were as follows :—

					Positive		Negative		No result
Tuberculosis	...	...	...	...	—	...	1,182	...	185
Brucellosis—									
Ring test	...	...	...	...	926	...	2,335	...	131
Culture test	...	...	...	...	258	...	767	...	152
Biological test	...	...	...	...	123	...	401	...	47

Particulars of the milk samples submitted to the statutory tests are given in the following statement :—

				No. of samples		Satisfactory		Results— Unsatisfactory		Void samples
<i>Raw milk—</i>										
Methylene blue test	...	...	1,164	...	947	...	202	...	15	
<i>Heat treated milk—</i>										
Methylene blue test	...	...	1,645	...	1,418	...	35	...	11	
Phosphatase test...	...	...			1,405	...	9	...	2	
Turbidity test	...	...	378	...	377	...	1	...	—	

For the fifth successive year no sample of milk taken within the Administrative County area by either County or local officers gave a positive result to the biological test for tuberculosis.

**Meat and Other Foods.**—According to local reports regular supervision and inspection of food shops, stalls and vehicles, places where food is prepared and slaughter-houses was maintained in all districts throughout the year. In all there would appear to be nearly 30,000 such premises in the Administrative County area and their classification into clearly defined categories is dependent upon individual definitions applied in each of the 109 County districts. However, as nearly as can be ascertained they included approximately 7,460 general grocers and provision dealers, some 1,700 greengrocers and fruiterers (including those selling wet fish, game, etc.), 320 fishmongers (including those selling poultry and game), 2,200 meat shops (butchers, purveyors of cooked and preserved meats, tripe, etc.), 1,920 bakers and/or confectioners, 1,330 fried fish and chip shops, 2,460 shops selling mainly sugar confectionery, minerals, ice-cream, etc., nearly 10,200 licensed premises, canteens, restaurants, cafes, snack-bars and similar catering establishments and a further 2,000 food premises which were not classifiable under the above general headings. Premises registered under the Food and Drugs Act or corresponding provisions of local legislation numbered 10,369 and 11,519 inspections of such premises were made during the year.

At the end of 1963 byelaws relating to the handling of food intended for sale were in operation in almost all the 109 County districts and their enforcement in conjunction with the Food Hygiene Regulations rarely called for action beyond the informality of personal advice and guidance which the inspectorial staffs of local authorities mainly rely upon. Prosecution was found necessary, however, in twenty-two instances in nine districts.

Licensed private slaughter-houses and public abattoirs in operation at the end of the year numbered 99 and seven respectively. Two private slaughter-houses were licensed for the slaughter of horses. It is the general practice to carry out complete post-mortem examinations at all such establishments but ante-mortem examination of all animals is confined to relatively few districts.

The following table, compiled from the local health reports, shows the numbers of certain classes of animals killed in the Administrative County area during 1963 together with the numbers and results of inspections carried out.

*Carcases Inspected and Condemned, 1963*

	Cattle including cows	Calves	Sheep and lambs	Pigs	Horses
Number killed ... ..	125,153	1,355	378,336	221,408	—
Number inspected ... ..	124,301	1,351	372,728	220,561	—
<i>All diseases except tuberculosis and cysticerci :</i>					
Whole carcasses condemned ... ..	261	68	372	581	—
Carcases of which some part or organ was condemned ... ..	34,165	29	19,869	29,065	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci ... ..	27·7	7·2	5·4	13·4	—
<i>Tuberculosis only :</i>					
Whole carcasses condemned ... ..	3	—	—	34	—
Carcases of which some part or organ was condemned ... ..	151	—	—	1,833	—
Percentage of the number inspected affected with tuberculosis ... ..	0·1	—	—	0·8	—
<i>Cysticercosis :</i>					
Carcases of which some part or organ was condemned ... ..	333	—	—	—	—
Carcases submitted to treatment by refrigeration ... ..	131	—	—	—	—
Generalised and totally condemned ...	3	—	—	—	—

THE ICE-CREAM (HEAT TREATMENT, ETC.) REGULATIONS, 1959-63.—Reference to the regulations coming into operation in 1963 is made later in this section of the report in the extract from the annual report of the County Analyst. During the year routine visiting of premises for the purpose of sampling, temperature recording and inspection of equipment was reported to have been undertaken in the majority of County districts. The standards of production and storage required by the regulations were maintained and no instances were reported of any necessity for legal or other formal action.

FOOD POISONING.—During 1963 cases of food poisoning formally notified in the Administrative County area numbered 356 and a further 65 were ascertained by local medical officers of Health in the course of their investigations, making a total of 421 cases. These were 199 fewer than the corresponding total for the previous year and 242 less than the annual average for the preceding five years, 1958-62. There were no deaths.

Defining an outbreak in this instance as the whole of the cases, being more than one in number, either probably or certainly derived from a single contaminating or infecting source, there were 28 outbreaks involving 239 cases, the remaining 182 being apparently isolated and unrelated. Brief particulars of the outbreaks, including such information as is available regarding the organisms or other agents responsible, the foods involved and the place where the contaminated food was consumed, are given in the following statement :—



District	* No. of cases	No. of deaths	Organisms or other agents responsible	Foods involved	Place where contaminated food was consumed
Ashton-under-Lyne M.B.	2	—	Salm. essen ... ..	Not ascertained ... ..	Not ascertained
Barrowford U.D. ...	3	—	Not ascertained ... ..	Not ascertained ... ..	Not ascertained.
Darwen M.B. ...	3	—	Salm. thompson ... ..	Not ascertained ... ..	Not ascertained.
Eccles M.B. ...	3	—	Salm. typhi-murium ... ..	Not ascertained ... ..	Not ascertained.
Fulwood U.D. ...	4	—	Not ascertained ... ..	Not ascertained ... ..	Home.
Huyton-with-Roby U.D.	21	—	Cl. welchii ... ..	Meat and gravy ... ..	School.
Kirkby U.D. ...	2 2 3	— — —	} Not ascertained ... ..	Not ascertained ... ..	{ Home. Home. Not ascertained.
Little Lever U.D. ...	2	—			Home.
Lytham St. Annes M.B.	20 27	— —	Salm. typhi-murium ... .. Cl. welchii ... ..	Raw (T.T.) milk ... .. Chicken ... ..	Home. Hotel.
Nelson M.B. ...	5	—	Cl. welchii ... ..	Home made minced meat pie (suspected) ... ..	Home.
	2	—	Not ascertained ... ..	Beef and ham made into a mould at home (suspected) ... ..	Home.
	4	—	Not ascertained ... ..	Not ascertained ... ..	Home.
Prestwich M.B. ...	39	—	Salm. glostrup ... ..	Not ascertained ... ..	Hospital.
	7	—	Salm. newport ... ..	Not ascertained ... ..	Not ascertained.
Stretford M.B. ...	32	—	Salm. typhi-murium ... ..	Chicken sandwiches ... ..	Church social and adjacent school canteen.
Thornton Cleveleys U.D.	2	—	Cl. welchii ... ..	Not ascertained ... ..	Cafe—on way home from holiday (suspected).
Tyldesley U.D. ...	3 2	— —	} Salm. typhi-murium ... ..	Not ascertained ... ..	Not ascertained.
	4	—			
	4	—	Salm. saint-paul ... ..	Not ascertained ... ..	Not ascertained.
Widnes M.B. ...	22	—	Not ascertained ... ..	Pork (suspected) ... ..	Works canteen.
Worsley U.D. ...	4	—	Salm. typhi-murium ... ..	Pâté de foie gras (suspected) ... ..	Home.
	14	—	Cl. welchii ... ..	Roast turkey ... ..	School.
	2	—	Salm. menston ... ..	} Not ascertained ... ..	Not ascertained.
	2	—	Salm. typhi-murium ... ..		
	3	—	Salm. typhi-murium ... ..		

\* Including non-notified cases ascertained during investigations.

Of the 182 isolated cases of food poisoning which occurred during 1963 the responsible organisms in 25 were reported to be salmonellae, including 17 of *s. typhi-murium* and one each of *s. battersea*, *s. cubana*, *s. hadar*, *s. hamburg*, *s. heidelberg*, *s. johannesburg*, *s. menston* and *s. schwarzengrund*. One further case was due to *staphylococcus pyogenes* and one to *staphylococcus aureus*. In one other case the causative organisms were stated to be enterococci and *b. proteus*, the vehicle of infection being Gruyère cheese. In the remaining 154 isolated cases the responsible agents or organisms were not identified.

**Food and Drugs.**—The following paragraphs and tables have been extracted from the Annual Report of the County Analyst, G. H. Walker, Esq., Ph.D., B.Sc., F.R.I.C. :—

During the year under review the following new Regulations which have a bearing on the work of the Public Analyst were made :—

The Bread and Flour Regulations, 1963.

The Soft Drinks Regulations, 1963.

The Milk (Special Designation) Regulations, 1963.

The Liquid Egg (Pasteurisation) Regulations, 1963.

The Ice Cream (Heat Treatment, etc.) (Amendment) Regulations, 1963.

Of the above regulations probably the most important are the Bread and Flour Regulations, 1963. They re-enact the requirements of the Flour (Composition) Regulations, 1956, that flour shall contain specified amounts of certain vitamins and minerals but, in addition, they cover almost every aspect of the composition and labelling of both bread and flour. The regulations specify the bleaching and improving agents which are permitted in flour and the ingredients which may be present in white or brown bread. Quantitative definitions are given for the composition of certain special types of bread including wheat germ bread and milk bread. Conditions are laid down under which claims relating to slimming may be made and specific weight reducing claims are prohibited.

The Soft Drinks Regulations, 1963, revise the standards of the 1953 Order in that they increase the sugar content and lower the saccharin content of all soft drinks and they require comminuted citrus drinks to contain specific amounts of "potable fruit." Labelling requirements for soft drinks are also laid down. The regulations were to come into operation on the 20th July, 1964, but have been postponed until January, 1965, and proposed amending regulations were circulated in September, 1963, which could make provision for semi-sweet and low-calorie drinks and permit the use of cyclamates as well as saccharin as artificial sweeteners.

The Milk (Special Designation) Regulations, 1963, replace the 1960 regulations and introduce from the 1st October, 1964, the special designation "Untreated" in place of the special designation "Tuberculin Tested."

The Liquid Egg (Pasteurisation) Regulations, 1963, require that all liquid egg shall be pasteurised and shall satisfy the test prescribed.

The Ice-Cream (Heat Treatment, etc.) (Amendment) Regulations, 1963, permit sugar to be added to a complete cold mix after the latter has been heat-treated.

**FOOD AND DRUGS SAMPLES.**—The number of food and drugs samples (excluding appeal-to-cow samples) submitted by the County Public Health Officers during the year 1963 was 8,243 as against 8,784 during the previous year and 8,352 in the year 1961. The rate of samples per 1,000 of the population was 5·39 in the year under review, 5·86 in 1962 and 5·57 in 1961.

*Total Adulteration.*—Of the 8,243 samples of food and drugs submitted for examination under the Food and Drugs Act, 1955, 480 were reported upon adversely; the total adulteration was, therefore, 5·8 per cent. This is higher than the percentage of adulteration for the previous year when the figure was 3·8 per cent.

In the following table the percentages of adulteration are given for the past ten years. It will be seen that during this period the lowest figure is 3·8 which was reached during the year 1962 and that the average figure is 4·7 per cent. In general, the adulteration rate during and immediately subsequent to the war was considerably greater than that found in preceding years. The figure for the year under review is rather high when compared with those for the last ten years and it does not fall within the range of the adulteration rate during the ten years, 1929-1938, which preceded the war, when the percentage adulteration varied from as little as 2·6 to 4·2. The increase during 1963 is, however, due to increased testing of milk for antibiotics and is not, therefore, directly comparable with figures in previous years.

*Percentage of Adulteration of County Samples of Food and Drugs, 1954-63*

Year	Total No. of samples	No. of adulterated samples	Percentage of adulteration
1954    ...    ...    ...	8,089	417	5·1
1955    ...    ...    ...	8,373	413	4·9
1956    ...    ...    ...	8,215	340	4·1
1957    ...    ...    ...	8,239	349	4·2
1958    ...    ...    ...	8,225	405	4·9
1959    ...    ...    ...	8,256	373	4·5
1960    ...    ...    ...	7,857	361	4·6
1961    ...    ...    ...	8,352	414	4·9
1962    ...    ...    ...	8,784	334	3·8
1963    ...    ...    ...	8,243	480	5·8
1954-1963    ...    ...	82,633	3,886	4·7

*Analysis.*—The table below gives the percentage of adulteration over the last ten years together with the various types of samples and with the number of samples taken per 100,000 of the population. The total number of samples and the number of samples per 100,000 of the population for



the year under review have been well maintained at the level reached during the year 1947 (*i.e.*, 6,819 and 505 respectively) and the figures for all subsequent years are much higher than the corresponding figures for any of the previous years in the history of the County Laboratory.

Year	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
Percentage of adulteration ...	5.1	4.9	4.1	4.2	4.9	4.5	4.6	4.9	3.8	5.8
Total samples ...	8,089	8,373	8,215	8,239	8,225	8,256	7,857	8,352	8,784	8,243
Formal samples ...	2,817	3,300	3,474	3,331	3,337	3,321	3,012	2,995	3,230	2,686
Informal samples ...	4,844	4,744	4,404	4,589	4,568	4,627	4,589	5,025	5,122	5,211
Private samples ...	428	329	337	319	320	308	256	332	432	346
No. of samples per 100,000 of the population ...	593	613	594	588	581	576	548	557	586	539

**MILK.—Adulteration.**—The number of milk samples submitted under the Food and Drugs Act during the year was 4,823 and, of these, 250 were reported against ; the amount of adulteration was, therefore, 5.2 per cent. This figure, as will be seen from the following table, is higher than the average for the last 10 years and is, in fact, the second highest shown in the table. As already mentioned, the increase is due to the testing of samples for antibiotics.

*Percentage of Adulteration of Milk Samples, 1954-63*

Year	No. of samples	No. of adulterated samples	Percentage of adulteration
1954 ... ..	5,115	287	5.6
1955 ... ..	5,637	273	4.8
1956 ... ..	5,497	203	3.7
1957 ... ..	5,411	190	3.5
1958 ... ..	5,385	231	4.3
1959 ... ..	5,294	198	3.7
1960 ... ..	5,051	178	3.5
1961 ... ..	5,201	180	3.5
1962 ... ..	5,403	156	2.9
1963 ... ..	4,823	250	5.2
TOTALS ... ..	52,817	2,146	4.1

**Average Composition.**—Genuine milk has not always the same composition. There are natural variations in the amounts both of fat and solids-not-fat in milk as drawn from the cow, and it therefore becomes a matter not only of interest, but also of importance and significance, to know the average values for these two constituents. This information is given for the year 1963 in the following table, where it will be seen that the average figure for fat is 3.69 per cent., for solids-not-fat 8.60 per cent., and for total solids 12.29 per cent.

It should be pointed out that the average compositions and frequencies are calculated from the results of all samples of milk (other than Channel Islands milk) received ; that is to say, there are included all adulterated samples and, further, all appeal-to-cow samples, whether they were above or below the limits for fat and solids-not-fat laid down by the Sale of Milk Regulations. The figures for average composition calculated on this basis will, therefore, tend to be somewhat lower than those for genuine milk sold in the County.

*Average Composition of Milk, 1963*

Month	No. of samples *	Fat per cent.	Solids-not-fat per cent.	Total solids per cent.
January ... ..	422 } 1,290	3.69 } 3.69	8.60 } 8.60	12.29 } 12.29
February ... ..	488 }	3.73 }	8.61 }	12.34 }
March ... ..	380 }	3.63 }	8.59 }	12.22 }
April ... ..	501 } 1,301	3.62 } 3.59	8.52 } 8.57	12.14 } 12.16
May ... ..	526 }	3.59 }	8.58 }	12.17 }
June ... ..	274 }	3.54 }	8.63 }	12.17 }
July ... ..	521 } 1,228	3.61 } 3.67	8.59 } 8.61	12.20 } 12.28
August ... ..	460 }	3.71 }	8.60 }	12.31 }
September ... ..	247 }	3.73 }	8.67 }	12.40 }
October ... ..	427 } 1,006	3.91 } 3.83	8.69 } 8.62	12.60 } 12.45
November ... ..	311 }	3.82 }	8.58 }	12.40 }
December ... ..	268 }	3.72 }	8.55 }	12.27 }
Whole year' ... ..	4,825	3.69	8.60	12.29

\* Includes Appeal-to-Cow samples, but excludes Channel Islands milk and ten samples examined for foreign matter only.

The above table also includes the figures for the averages of fat and solids-not-fat for each month of the year. As regards fat, it will be seen that June has the lowest figure, 3.54 per cent., and October the highest, 3.91 per cent. In respect of solids-not-fat, the lowest figure was obtained in April, 8.52 per cent., and the highest in October, 8.69 per cent. These variations, particularly in respect of fat content, have been the general experience for many years, the fat content usually being at its lowest in the spring and at its highest in the autumn. Solids-not-fat tend to be lower in the winter.

In the following table the average composition of all the milk samples examined is set out for the period 1910-1963. It will be seen that the average figure for fat does not vary greatly from year to year. In respect of solids-not-fat there is very little difference in the averages for the years 1910-40. Since 1940, however, it will be noted there has been an appreciable decrease in solids-not-fat, the lowest figure of 8.55 per cent. being recorded in the year 1943. The average for solids-not-fat for the year under review was 8.60 per cent., while the average for the whole period for which records have been kept is 8.79 per cent. Since the year 1943 there has been, in general, a tendency for solids-not-fat to show an upward trend but they are still appreciably below the pre-war figures.

*Average Composition of Milk Samples, 1910-63*

Year	No. of samples	Fat per cent.	Solids-not-fat per cent.	Total solids per cent.
1910-30 ... ..	56,028	3.67	8.90	12.57
1931 ... ..	3,090	3.84	8.81	12.65
1932 ... ..	3,205	3.77	8.85	12.62
1933 ... ..	3,060	3.76	8.82	12.58
1934 ... ..	3,310	3.74	8.81	12.55
1935 ... ..	3,422	3.75	8.84	12.59
1936 ... ..	3,094	3.73	8.88	12.61
1937 ... ..	3,278	3.74	8.84	12.58
1938 ... ..	3,398	3.70	8.78	12.48
1939 ... ..	3,128	3.67	8.78	12.45
1940 ... ..	2,144	3.70	8.79	12.49
1941 ... ..	1,866	3.70	8.64	12.34
1942 ... ..	1,516	3.75	8.66	12.41
1943 ... ..	1,489	3.70	8.55	12.25
1944 ... ..	1,197	3.69	8.57	12.26
1945 ... ..	1,096	3.72	8.57	12.29
1946 ... ..	2,776	3.75	8.58	12.33
1947 ... ..	4,625	3.75	8.63	12.38
1948 ... ..	4,523	3.67	8.64	12.31
1949 ... ..	5,210	3.66	8.65	12.31
1950 ... ..	5,362	3.68	8.67	12.35
1951 ... ..	5,839	3.67	8.65	12.32
1952 ... ..	5,844	3.67	8.68	12.35
1953 ... ..	5,922	3.68	8.68	12.36
1954 ... ..	5,182	3.71	8.65	12.36
1955 ... ..	5,686	3.68	8.66	12.34
1956 ... ..	5,524	3.71	8.59	12.30
1957 ... ..	5,485	3.68	8.63	12.31
1958 ... ..	5,439	3.68	8.63	12.31
1959 ... ..	5,304	3.62	8.62	12.24
1960 ... ..	5,062	3.64	8.66	12.30
1961 ... ..	5,216	3.66	8.66	12.32
1962 ... ..	5,420	3.70	8.61	12.31
1963 ... ..	4,825	3.69	8.60	12.29
1910-63 ... ..	*187,569	3.71	8.79	12.50

\* Excludes Channel Islands milk and 34 samples examined for foreign matter only.



ARTICLES OTHER THAN MILK.—*Adulteration*.—During the year under review, 3,420 samples other than milk were examined on behalf of the County Council. Of these, 230 were reported against, corresponding to an adulteration rate of 6·7 per cent., which is higher than the figure recorded in 1962, *viz.*, 5·3 per cent. The percentage of adulteration in articles other than milk was much higher than that for milk, *viz.*, 5·2 per cent. Sausages, samples containing extraneous matter or insects, and samples whose labels did not conform to the requirements of the Labelling of Food Order, contributed especially to the overall adulteration rate. Of the 230 unsatisfactory samples, 32 consisted of sausage, 52 were incorrectly labelled and 89 contained extraneous matter or insects. These three classes of samples, therefore, accounted for 5·0 per cent. of the total of 6·7 per cent. adulterated.

PROSECUTIONS.—When the adulteration of a sample is considered to be sufficiently serious, legal proceedings are instituted. Prosecution, however, is only one of the means of dealing with adulterated or otherwise unsatisfactory samples. In the case of food and drug samples, other than milk, deterioration may be due to long storage or adulteration may be brought about by the action of some person other than the actual vendor. In these instances it is often considered appropriate to take less drastic action than legal proceedings. In the case of milk samples vendors are sometimes cautioned and subsequent samples then frequently prove to be genuine; in other instances dairies are visited by the County Public Health Officers in order to correct faulty dairy management which has given rise to unsatisfactory samples. In the case of other foods and drugs appropriate action may take the form of the surrender for destruction of the remainder of any unsatisfactory stocks, returning stocks to manufacturers or communicating with packers with regard to unsatisfactory labels, etc.

During the year a total of 480 County food and drugs samples were reported upon adversely and in respect of 28 of these prosecutions were instituted—10 in respect of milk samples found to contain extraneous water, nine in respect of samples containing other extraneous matter (including four milk samples), six containing insects, one sample of ice-cream deficient in fat, one sample of gin containing excess water and one sample of junket powder containing a prohibited colour. There were 28 convictions or orders to pay costs. The total fines and costs during the year amounted to £494 16s. 9d.

ICE-CREAM.—Until November, 1948, there was no control in this country on the composition of ice-cream. In that month, however, the Ministry of Food decided to allocate additional supplies of sugar, and in some cases fats, to those manufacturers who undertook to include at least 2·5 per cent. fat in their ice-cream. In March, 1951, the first statutory standard for ice-cream was made and, except for a short period between July, 1952, and June, 1953, when a slightly reduced standard was temporarily introduced, the minimum standard then laid down was in operation until April 1959. This standard required ice-cream to contain not less than 5 per cent. fat, 10 per cent. sugar and  $7\frac{1}{2}$  per cent. milk solids other than fat. There were special standards of ice-cream containing fruit and for “Parev” (kosher) ice. The required sugar content of ice-cream could be made up of certain other sugars in addition to sucrose but no ice-cream was permitted to contain less than  $7\frac{1}{2}$  per cent. sucrose.

When the above standard was first introduced in the year 1951 the Food Standards Committee of the Ministry of Food stated that it was not an ideal standard and that it should be amended and improved as supplies of ingredients became more plentiful. It was not surprising, therefore, that a Food Standards Committee report on the ice-cream standard was published in December, 1957, and that this should be followed by the making of the Food Standards (Ice-Cream) Regulations, 1959, which came into operation on the 27th April, 1959. The standard incorporated in these regulations and which is in force to-day is as follows and applies whether or not the ice-cream forms part of a composite article of food :—

“(a) Ice-cream shall contain not less than 5 per cent. fat and  $7\frac{1}{2}$  per cent. milk solids other than fat so, however, that where ice-cream contains any fruit, fruit pulp or fruit purée it shall either conform to the above standard or, alternatively, the total content of fat and milk solids other than fat shall not be less than  $12\frac{1}{2}$  per cent. of the whole including the fruit, fruit pulp or fruit purée, as the case may be, and such total content of fat and milk solids other than fat shall include not less than  $7\frac{1}{2}$  per cent. fat and 2 per cent. milk solids other than fat.

“Provided that as respects any ice-cream sold, or offered or exposed for sale under any of the descriptions hereinafter specified, or under any such other description as is calculated to lead an intending purchaser to believe that he is purchasing ice-cream of any such description as is so specified, the standard of composition shall be as follows :—

(i) Dairy ice-cream, dairy cream ice or cream ice shall in each case contain not less than 5 per cent. milk fat and no other fat (save as may be introduced by the use as an ingredient of any egg, any flavouring substance or any emulsifying or stabilising agent) and not less than  $7\frac{1}{2}$  per cent. milk solids other than fat, so, however, that where any dairy ice-cream, dairy cream ice or cream ice contains any fruit, fruit pulp or fruit purée it shall either conform to the standard of composition for that ice-cream or, alternatively, the total content of milk fat and milk solids other than fat shall be not less than  $12\frac{1}{2}$  per cent. of the whole including the fruit, fruit pulp or fruit purée, as the case may be, and such total content of milk fat and milk solids other than fat shall include not less than  $7\frac{1}{2}$  per cent. milk fat and no other fat (save as may be introduced by the use as an ingredient of any egg, any flavouring substance or any emulsifying or stabilising agent) and not less than 2 per cent. milk solids other than fat.



(ii) Milk ice or milk ice containing any fruit, fruit pulp or fruit purée shall contain not less than  $2\frac{1}{2}$  per cent. milk fat and no other fat (save as may be introduced by the use as an ingredient of any egg, any flavouring substance or any emulsifying or stabilising agent) and not less than 7 per cent. milk solids other than fat.

(iii) "Parev" (kosher) ice shall contain not less than 10 per cent. fat and no milk fat or other derivative of milk.

"(b) No ice-cream of any description shall contain any artificial sweetener.

"In this context—

- (i) "artificial sweetener" means any chemical compound which is sweet to the taste, and the expression includes polyhydric alcohols but does not include sugar or any other carbohydrate ;
- (ii) each reference to any proportion or percentage means that proportion or percentage by weight."

It will be noted that there is no minimum standard for sugar content but there is a specific prohibition to the use of artificial sweeteners. The most important change, however, was the introduction of the special standards for dairy ice-cream, dairy cream ice, cream ice and milk ice which are all required to contain specified minimum amounts of milk fat, the use of other types of fat not being permitted in these varieties of ice cream.

On the same day that this standard came into operation an amendment to the Labelling of Food Order also came into force and this introduced requirements as to the labelling of ice cream. It is illegal to label or advertise ice-cream by means of words or pictorial devices suggestive of butter, cream, milk or anything connected with the dairy interest unless the ice-cream contains no fat other than milk fat. The label or advertisement may, however, bear a statement to the effect that the ice-cream contains skimmed milk solids. It is also an offence to sell under the description "ice-cream" any prepacked ice-cream which contains fat other than milk fat unless the wrapper also bears in letters of a specified height either the declaration "contains non-milk fat" or, if appropriate, the declaration "contains vegetable fat." The above requirements also apply to ice-cream which forms part of a composite article of food.

A third regulation concerning both ice-cream and certain types of ice-lollies also came into operation on the 27th April, 1959, *i.e.*, the Ice-Cream (Heat Treatment, etc.) Regulations, 1959. These regulations consolidate and amend the Ice-Cream (Heat Treatment) Regulations, 1947 to 1952. The regulations require the ingredients of ice-cream after mixing to be either pasteurised or sterilised by one or other of the following methods :—

#### *Pasteurisation*

"Method I. The mixture shall be raised to and kept at a temperature of not less than 150° Fahrenheit for at least 30 minutes.

Method II. The mixture shall be raised to and kept at a temperature of not less than 160° Fahrenheit for at least 10 minutes.

Method III. The mixture shall be raised to and kept at a temperature of not less than 175° Fahrenheit for at least 15 seconds.

#### *Sterilisation*

The mixture shall be raised to and kept at a temperature of not less than 300° Fahrenheit for at least 2 seconds."

Before heat treatment the mixture shall not be kept for more than one hour at any temperature which exceeds 45° F. and after heat-treatment it shall be cooled to not more than 45° F. within 1½ hours and kept at this temperature until the freezing process is carried out. After freezing the ice-cream shall be kept at a temperature not exceeding 28° F.; if its temperature does exceed this figure it must again be heat-treated before being re-frozen.

The above requirements as to pasteurisation or sterilisation do not apply to the use of a complete cold mix reconstituted with drinking water if the mixture is made into ice-cream within one hour of reconstitution. Furthermore, the Ice-Cream (Heat treatment, etc.) (Amendment) Regulations, 1963, also permit sugar to be added to a complete cold mix after it has been heat treated and before it is sent out by the manufacturer. The requirements also do not apply to any mixture (whether containing milk solids or not) used, either alone or with other mixtures, in the manufacture of water ice or similar products if the mixture has a pH value of 4·5 or less. It is considered that such products are sufficiently acid to prevent the growth of harmful bacteria without heat-treatment.

It will be noted from the following table that the average fat content of ice-cream during the year under review was 8·5 per cent. and that this is only slightly below the figure recorded for the previous year although the general improvement in the fat content of ice-cream found over the last 15 years has been maintained. A perusal of the table shows that the average fat content in 1946 was only 2·3 per cent. whereas for 1963 it was 8·5 per cent. Furthermore, the lowest fat content found during 1963 was 2·7 per cent., whereas in the four years 1946 to 1949 fats as low as 0·3 and even 0·1 per cent. were found.



During the year 1963, 95 samples of ice-cream (excluding samples of dairy ice-cream and milk ice) were submitted for chemical analysis, 54 by County Public Health Officers and 41 by autonomous Food and Drugs Authorities. Of these, five samples (all County) were reported upon adversely. In the year 1962 the number reported upon adversely was three. The five unsatisfactory samples were all deficient in fat and legal proceedings were successfully instituted in respect of one of these, the vendor being fined £5 with £7 7s. 0d. costs.

The average figures found for the 95 samples were—total solids 34·1 per cent. (maximum 50·4 ; minimum 26·0) and for fat content 8·5 per cent. (maximum 13·8 ; minimum 2·7). These figures, as will be seen from the following table, which includes figures for the last 18 years, show that the big improvement in composition noted in 1950 has been maintained. It will be remembered that prior to the war a figure of eight per cent. was suggested by a trade association as a minimum standard for fat content and it is interesting to note that during the year under review 56 samples out of the total of 95 showed fat contents varying from 8·0 to 13·8 per cent.

*Ice-Cream*

Year	No. of samples	Fat content average per cent.	Total solids average per cent.	Highest fat per cent.	Lowest fat per cent.	Highest total solids per cent.	Lowest total solids per cent.
1946	45	2·3	22·5	10·7	0·1	36·8	13·3
1947	59	3·0	23·6	10·6	<i>Less than</i> 0·1	39·2	14·1
1948	53	3·9	25·3	11·3	0·1	33·4	18·9
1949	171	6·4	29·3	13·3	0·3	45·9	14·7
1950	186	8·5	32·1	14·7	2·2	43·0	20·1
1951	230	8·6	32·6	15·6	3·3	40·7	23·0
1952	143	9·0	32·8	13·7	2·0	40·0	19·6
1953	130	8·6	32·7	15·2	2·5	42·3	23·3
1954	90	9·2	34·6	13·8	3·1	44·0	24·8
1955	95	8·1	33·2	13·3	3·5	40·9	24·3
1956	94	9·2	34·0	16·4	3·6	43·6	26·3
1957	99	8·7	33·3	14·7	3·0	41·9	22·9
1958	111	8·9	33·8	15·6	2·7	42·1	25·3
1959	104	8·9	34·6	17·4	4·6	55·2	27·4
1960	68	8·7	35·4	12·4	4·1	50·7	25·8
1961	114	9·7	35·7	14·8	4·6	50·1	27·1
1962	121	9·1	35·1	13·3	3·3	50·5	24·8
1963	95	8·5	34·1	13·8	2·7	50·4	26·0

*Dairy Ice-Cream.*—Eighteen samples (10 County) of dairy ice-cream, not included in the foregoing table, were also submitted for chemical analysis. The average figures found for the 18 samples were—total solids 33·5 per cent. (maximum 39·5; minimum 28·6) and for milk-fat content 7·4 per cent. (maximum 12·4 ; minimum 2·6).

Of the 18 samples examined five (three County) were reported upon adversely. The three County samples contained only 3·4, 2·1 and 2·6 per cent. of milk fat respectively (the minimum standard being 5·0 per cent.). A further sample in respect of the first sample was found to be satisfactory but formal samples in respect of the other two unsatisfactory samples were not obtainable. The two remaining samples, both informal, were from one autonomous Food and Drugs Authority and were of the same manufacture. They contained 2·9 and 3·9 per cent. of milk fat respectively, but a subsequent formal sample was found to contain 6·5 per cent. of fat, all of which was milk fat, and it was, therefore, reported to be genuine.

*Milk Ice.*—No samples of milk ice were submitted during the year.

*ICE LOLLIES.*—During the year under review 14 samples of ice lollies were submitted for examination under the Food and Drugs Act. Twelve of the samples were submitted by County Public Health Officers, and two by autonomous Food and Drugs Authorities. Unlike ice-cream there is no statutory standard for the composition of ice-lollies. They are specifically excluded from the provisions of the Food Standards (Ice-Cream) Order while the Food Standards (Soft Drinks) Order refers only to liquid soft drinks although ice lollies are, in general, similar in composition to soft drinks. Ice-lollies and ice-cream are, however, both mentioned, indirectly or directly, in the Arsenic in Food Regulations and in the Lead in Food Regulations which were published in the

years 1959 and 1961 respectively. In these, maximum limits of only one part per million for lead and 0·5 part per million for arsenic (as As) are specified for both commodities (the standard of one part per million for lead in ice lollies to become 0·5 part per million on the 20th April, 1964). The limits for the majority of other foods are two parts per million and one part per million respectively. In addition to the statutory limits for lead and arsenic referred to above there are also recommended maximum limits for two other toxic metals in foods generally, *viz.*, copper 20 parts per million and zinc 50 parts per million. In view of the more stringent figures adopted for lead and arsenic in ice lollies and in ice-cream than in other foods, lower limits for copper and zinc might also be desirable for these particular types of commodities. All the samples were found to be satisfactory.

The total solids (sugars, etc.) in the samples ranged from as little as 3·8 per cent. to 19·4 per cent. with an average for the 14 samples of 11·0 per cent. The average total solids for the 25 samples examined in the previous year was 13·6 per cent., while the average for 36 samples analysed in 1961 was 20·0 per cent.



## SHOPS ACT ADMINISTRATION

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The County Council are the "local authority" for the purpose of enforcing the provisions of the Shops Act, 1950, in all rural districts of the Administrative County area and in all urban districts with a population of less than 20,000 at the last published census. In the municipal boroughs, the respective councils are the local authority.

The position at the end of the year, therefore, was that of the 109 sanitary districts in the Administrative County, 26 municipal borough councils and 11 urban district councils were local authorities for the purpose of enforcing the provisions of the Shops Act in their areas, the responsibility in the remaining 72 districts being that of the County Council.

The power to make closing, half-holiday and other orders conferred on the County Council has in 24 instances been delegated to urban district councils, the County Council retaining in these districts the right of enforcement.

Arrangements exist with 58 district councils in the Administrative County Shops Act area whereby certain of the inspectoral duties assigned to the County Council are undertaken by the public health inspectors of those councils in their respective areas. These duties include the provisions of the Act relative to :—

- (a) the hours of employment of young persons ;
- (b) inspection of records and notices ;
- (c) means of lighting, washing facilities and facilities for meals ;
- (d) seats for female shop assistants.

In the 14 remaining districts, *viz.*, the Urban Districts of Aspull, Ashton-in-Makerfield, Billinge and Winstanley, Carnforth, Church, Great Harwood, Hindley, Kirkham, Poulton-le-Fylde, Preseot, Ramsbottom, Tottington and Up Holland, and the Rural District of Blackburn, the duties are undertaken by the County inspectors of shops.

In respect of the inspections so carried out by district public health inspectors, the County Council paid County district councils at the rate of 2s. 6d. per shop per annum (two inspections) with a minimum of £6 per annum for those districts with less than 48 shops.

During 1963, inspection reports received under this scheme numbered 7,448 and in 138 cases contraventions of the Act were reported. In addition, 1,557 inspections were carried out by the County shops inspectors in the 14 districts referred to above and in 141 instances contraventions of the Act were observed. Where such contraventions are observed, the shopkeepers concerned are communicated with and the provisions of the Act are explained.

Throughout the year, visits were paid by the County shops inspectors to shops in each of the 72 districts for which the County Council are the "shops authority." During 1963, 1,402 such visits were paid and, as a result, 564 shopkeepers were written to and the requirements of the Act were explained insofar as they relate to general closing hours, the weekly half-holiday and Sunday trading. In each case, the inspector later made a "follow up" visit and in this connection 84 Sunday or evening visits were made during the year to the various districts.

From time to time, complaints are received concerning such matters as alleged illegal Sunday trading, failure to close on one half-day a week and various other infringements of the Act. Fourteen such complaints were received during the year under review, nine from individual shopkeepers, one from the police, two from the Weights and Measures Department and two from district councils. In each case a County shops inspector investigated the circumstances of the complaint and appropriate action was taken.

Successful legal proceedings were instituted in 15 cases of which 14 were contraventions of the Sunday trading restrictions and one was a contravention of the weekly half-holiday requirements. Fines and costs totalling £52 8s. 0d. were imposed.





## TABLES, ETC.

# ADMINISTRATIVE COUNTY OF LANCASTER

Birth and Death Rates, 1889-1963

Crude Live Birth Rate - - - - Crude Death Rate ———

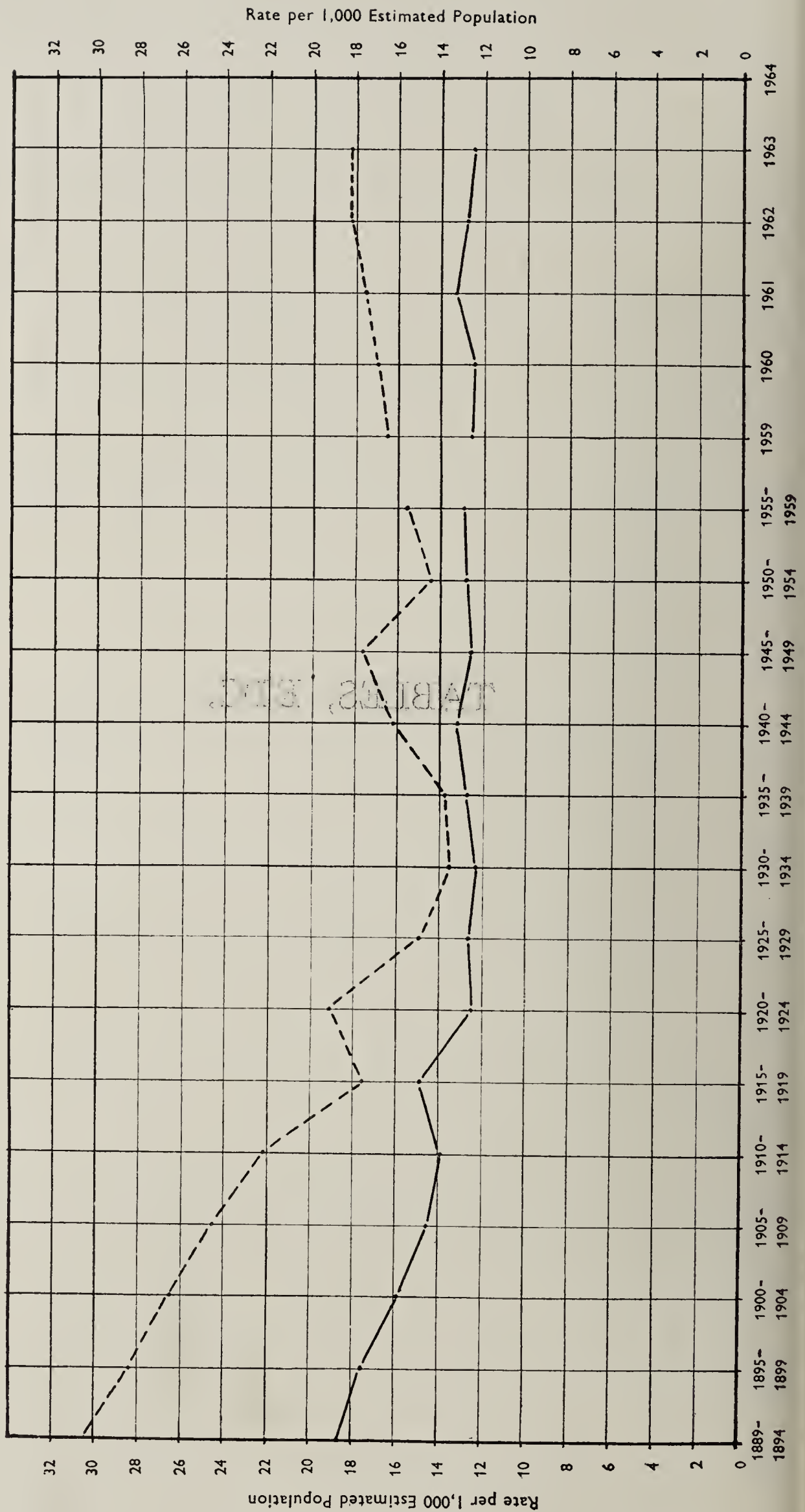




TABLE 1—COUNTY BIRTH AND DEATH RATES 1889-1963

PERIOD	CRUDE LIVE BIRTH RATE per 1,000 population			CRUDE DEATH RATE per 1,000 population			INFANT MORTALITY per 1,000 live births		
	County	Urban Districts	Rural Districts	County	Urban Districts	Rural Districts	County	Urban Districts	Rural Districts
<b>AVERAGE 5 YEARS—</b>									
1889-1894 (6 years) ...	30.42	30.98	28.63	18.70	19.18	16.91	155	159	128
1895-1899 ...	28.34	28.63	26.56	17.64	17.97	15.62	167	173	130
1900-1904 ...	26.51	26.67	25.37	15.89	16.13	14.21	151	156	119
1905-1909 ...	24.54	24.70	23.46	14.35	14.52	13.17	128	132	98
1910-1914 ...	22.26	22.40	21.38	13.90	14.09	12.69	120	123	97
1915-1919 ...	17.45	17.47	17.31	14.98	15.10	14.25	101	103	89
1920-1924 ...	19.13	19.13	18.29	12.61	12.73	11.87	85	87	70
1925-1929 ...	14.94	14.99	14.65	12.65	12.85	11.51	77	79	66
1930-1934 ...	13.50	13.55	13.21	12.43	12.62	11.32	66	67	61
1935-1939 ...	13.82	13.76	14.21	12.81	13.03	11.43	58	59	52
1940-1944 ...	16.22	16.24	16.08	13.16	13.46	11.35	54	55	46
1945-1949 ...	17.75	17.97	16.42	12.63	12.90	11.05	45	45	41
1950-1954 ...	14.60	14.75	13.76	12.75	13.04	11.10	30	30	29
1955-1959 ...	15.69	15.66	15.84	12.81	13.00	11.74	26	26	26
<b>YEAR—</b>									
1910 ...	22.48	22.47	22.52	12.73	12.83	12.09	117	121	93
1911 ...	22.64	22.88	21.15	15.05	15.33	13.25	144	148	111
1912 ...	22.00	22.09	21.42	13.61	13.76	12.60	104	106	89
1913 ...	22.20	22.41	20.86	14.20	14.39	13.00	124	128	100
1914 ...	22.02	22.19	20.95	13.95	14.17	12.53	112	115	96
1915 ...	19.78	19.91	18.95	15.32	15.60	13.57	119	123	94
1916 ...	18.54	18.54	18.59	14.31	14.47	13.32	99	101	82
1917 ...	16.25	16.27	16.08	13.98	14.05	13.56	96	96	94
1918 ...	16.08	16.09	16.06	17.26	17.40	16.41	100	101	90
1919 ...	16.62	16.58	16.88	14.06	14.01	14.40	93	94	88
1920 ...	22.97	22.30	22.98	12.74	12.83	12.19	91	95	67
1921 ...	20.76	21.06	18.94	12.27	12.31	11.97	88	90	76
1922 ...	18.11	18.28	17.04	13.23	13.43	11.99	85	87	75
1923 ...	17.29	17.42	16.48	12.30	12.44	11.45	80	82	67
1924 ...	16.54	16.62	16.05	12.53	12.66	11.77	81	84	68
1925 ...	15.89	15.99	15.23	12.66	12.79	11.86	82	83	71
1926 ...	15.61	15.66	15.29	11.99	12.21	10.69	80	82	71
1927 ...	14.57	14.59	14.48	12.72	12.86	11.94	73	74	68
1928 ...	14.56	14.64	14.08	11.91	12.08	10.95	69	71	57
1929 ...	14.09	14.08	14.20	14.00	14.32	12.12	84	87	64
1930 ...	14.01	14.07	13.66	11.87	12.10	10.56	64	64	58
1931 ...	13.85	13.90	13.51	12.86	13.05	11.73	70	72	63
1932 ...	13.44	13.50	13.12	12.29	12.50	11.09	67	68	65
1933 ...	12.89	12.92	12.70	13.09	13.26	12.09	68	70	61
1934 ...	13.34	13.38	13.07	12.08	12.21	11.15	61	61	59
1935 ...	13.31	13.30	13.34	12.62	12.78	11.54	62	62	57
1936 ...	13.63	13.62	13.71	12.85	13.09	11.21	58	59	47
1937 ...	13.81	13.78	14.05	13.29	13.47	12.14	62	64	51
1938 ...	14.14	14.03	14.86	12.29	12.48	11.08	55	55	53
1939 ...	14.25	14.11	15.12	13.04	13.33	11.20	57	57	52
1940 ...	14.44	14.37	14.87	14.34	14.78	11.63	59	60	50
1941 ...	14.73	14.76	14.55	13.06	13.40	11.03	61	62	51
1942 ...	15.97	16.07	15.42	12.31	12.59	10.68	52	54	44
1943 ...	17.32	17.38	16.98	13.26	13.51	11.79	54	55	47
1944 ...	18.64	18.65	18.61	12.84	13.02	11.64	46	47	41
1945 ...	16.62	16.63	16.50	13.12	13.39	11.45	50	51	43
1946 ...	18.42	18.63	17.09	12.61	12.82	11.32	46	46	48
1947 ...	20.48	20.87	18.12	13.02	13.25	11.59	47	47	45
1948 ...	17.21	17.48	15.64	11.74	12.00	10.18	40	40	35
1949 ...	15.99	16.18	14.85	12.72	13.05	10.78	38	39	32
1950 ...	15.06	15.22	14.09	12.84	13.18	10.88	33	33	31
1951 ...	14.61	14.79	13.56	13.85	14.23	11.76	29	29	31
1952 ...	14.33	14.50	13.40	12.23	12.65	9.89	30	31	26
1953 ...	14.77	14.92	13.96	12.17	12.34	11.25	29	29	30
1954 ...	14.25	14.33	13.81	12.64	12.80	11.72	29	29	29
1955 ...	14.39	14.31	14.86	12.95	13.19	11.60	26.6	25.9	30.1
1956 ...	15.24	15.19	15.49	12.72	12.96	11.43	27.2	27.3	26.6
1957 ...	16.00	15.89	16.56	12.85	13.11	11.45	25.2	25.3	24.5
1958 ...	16.17	16.17	16.18	12.85	12.95	12.23	25.6	25.5	26.3
1959 ...	16.59	16.67	16.08	12.68	12.80	12.01	23.7	23.8	22.8
1960 ...	17.07	17.05	17.19	12.54	12.55	12.43	25.0	25.4	22.7
1961 ...	17.45	17.41	17.65	13.31	13.40	12.74	24.1	24.9	19.4
1962 ...	18.28	18.29	18.23	12.85	12.89	12.64	24.0	24.9	19.1
1963 ...	18.28	18.27	18.34	12.69	12.77	12.22	23.3	24.1	18.8

TABLE 2—AREA, POPULATION, etc., IN EACH DISTRICT, TOGETHER WITH THE NUMBERS OF BIRTHS AND DEATHS REGISTERED DURING 1963

Notes : The Census, 1961, populations given in this table refer to the areas as constituted at 31st December, 1963. Acreages are as supplied by the Ordnance Survey Department and are given to the nearest acre.  
 The adjusted rates are based on " comparability factors " supplied by the Registrar General. For explanation see pages 21 and 23, and for the district factors see Table 3, page 164.  
 Rates based upon less than 20 births or deaths are distinguished by italic type as a warning that such rates are subject to a specially large amount of variation in proportion to their magnitude owing to the small number of persons whose experience is being recorded.

URBAN DISTRICTS	POPULATION AT ALL AGES		BIRTHS				DEATHS				INFANT MORTALITY				NEO-NATAL MORTALITY				EARLY NEO-NATAL MORTALITY				PERINATAL MORTALITY																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
			LIVE BIRTHS		STILLBIRTHS		Number registered		Deaths of infants under one year		Deaths of infants under four weeks		Deaths of infants under one week																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
	M.	F.													Total	Crude rate	Live birthrate per 1,000 population	M.	F.	Total	Rate per 1,000 live births	M.		F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
			M.	F.	Total	Still-birth rate per 1,000 total births																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
	Ad-justed rate	Crude rate					Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate		Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate	Crude rate	Ad-justed rate

I.—Illegitimate. L.—Legitimate.



TABLE 2—continued

URBAN DISTRICTS	Acreage (land and inland water) at 31st Dec. 1963	POPULATION AT ALL AGES		BIRTHS						DEATHS				INFANT MORTALITY				NEO-NATAL MORTALITY				EARLY NEO-NATAL MORTALITY				Stillbirths and deaths of infants under one week per 1,000 total births				
				LIVE BIRTHS			STILLBIRTHS			Number registered		Death rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks				Deaths of infants under one week								
		Census, 1961	Est. Home, at 30th June, 1963	M.	F.	Total	Crude rate	Ad- justed rate	Number registered	Still- birth rate per 1,000 total births	M.	F.	Total	Crude rate	Ad- justed rate	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births			
Church	...	5,888	5,890	L. 54 I. 3	54	114	19.4	20.3	L. 1 I. —	1	—	43	36	79	13.4	16.5	L. 1 I. —	4	5	43.9	L. 1 I. —	1	—	1	8.8	1	—	1	8.8	17.4
Clayton-le-Moors	...	6,421	6,510	L. 46 I. 2	47	103	15.8	16.9	L. — I. —	2	—	58	44	102	15.7	17.1	L. 1 I. —	2	3	29.1	L. 1 I. —	2	—	3	29.1	3	—	3	29.1	47.6
Clitheroe (B)	...	12,158	12,370	L. 113 I. 5	94	214	17.3	20.2	L. — I. —	1	—	87	134	221	17.9	14.8	L. 3 I. —	1	4	18.7	L. 2 I. —	—	—	2	9.3	2	—	2	9.3	14.0
Coleby (B)	...	19,430	19,260	L. 130 I. 17	119	281	14.6	17.6	L. 5 I. —	6	—	156	123	279	14.5	13.9	L. 2 I. 1	5	9	32.0	L. 1 I. 1	2	—	5	17.8	4	—	4	14.2	34.8
Crompton	...	12,708	13,610	L. 147 I. 7	104	263	19.3	20.3	L. 2 I. —	3	—	98	100	198	14.5	15.7	L. 2 I. 1	6	9	34.2	L. 1 I. 1	5	—	7	26.6	7	—	7	26.6	44.8
Crosby (B)	...	59,166	59,510	L. 540 I. 17	557	1,143	19.2	19.8	L. 3 I. —	15	—	364	469	833	14.0	13.7	L. 11 I. 1	12	27	23.6	L. 5 I. —	9	—	16	14.0	15	—	15	13.1	25.9
Dalton-in-Furness	...	10,316	10,310	L. 74 I. 5	76	157	15.2	16.0	L. 2 I. —	4	—	83	77	160	15.5	16.4	L. 2 I. —	2	4	25.5	L. 1 I. —	1	—	2	12.7	1	—	1	6.4	31.1
Darwen (B)	...	29,475	29,440	L. 243 I. 12	243	521	17.7	19.6	L. 7 I. 3	13	—	229	222	451	15.3	15.3	L. 6 I. 1	9	16	30.7	L. 5 I. —	7	—	12	23.0	9	—	9	17.3	41.2
Denton	...	31,089	32,250	L. 341 I. 16	333	698	21.6	19.0	L. 12 I. 1	20	—	168	149	317	9.8	12.8	L. 6 I. —	7	13	18.6	L. 4 I. —	4	—	8	11.5	7	—	7	10.0	37.6
Droylsden	...	25,461	25,660	L. 230 I. 15	198	452	17.6	18.0	L. 7 I. 1	11	—	135	122	257	10.0	12.6	L. 6 I. —	8	14	31.0	L. 5 I. —	6	—	11	24.3	8	—	8	17.7	41.0
Eccles (B)	...	43,173	42,850	L. 378 I. 23	314	742	17.3	18.0	L. 8 I. —	12	—	283	283	566	13.2	13.1	L. 6 I. —	4	10	13.5	L. 6 I. —	3	—	9	12.1	8	—	8	10.8	26.5
Fallsworth	...	19,819	21,050	L. 235 I. 4	198	444	21.1	20.0	L. 6 I. —	9	—	111	116	227	10.8	13.3	L. 3 I. —	5	8	18.0	L. 2 I. —	2	—	4	9.0	3	—	3	6.8	26.5
Farnworth (B)	...	27,502	27,230	L. 260 I. 18	234	525	19.3	21.2	L. 2 I. —	5	—	195	185	380	14.0	12.7	L. 7 I. —	10	17	32.4	L. 6 I. —	9	—	15	28.6	14	—	14	26.7	35.8
Fleetwood (B)	...	27,686	28,220	L. 260 I. 22	226	524	18.6	19.5	L. 6 I. —	12	—	189	207	396	14.0	14.7	L. 10 I. —	6	16	30.5	L. 7 I. —	3	—	10	19.1	6	—	6	11.5	33.6
Formby	...	11,734	13,290	L. 142 I. 3	124	270	20.3	21.5	L. — I. —	6	—	74	67	141	10.6	10.6	L. 1 I. —	2	3	11.1	L. — I. —	—	—	2	7.4	1	—	1	3.7	25.4
Fulwood	...	16,016	17,280	L. 163 I. 3	154	324	18.8	18.9	L. 1 I. —	7	—	128	150	278	16.1	9.5	L. 1 I. —	1	2	6.2	L. 1 I. —	1	—	2	6.2	2	—	2	6.2	27.2

L.—Legitimate.

I.—Illegitimate.

TABLE 2—continued

URBAN DISTRICTS	POPULATION AT ALL AGES		BIRTHS						DEATHS				INFANT MORTALITY				NEO-NATAL MORTALITY				EARLY NEO-NATAL MORTALITY				Stillbirths and deaths of infants under one week per 1,000 total births																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
			LIVE BIRTHS			STILLBIRTHS			Number registered		Death rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks				Deaths of infants under one week																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
	M.	F.	Total	Crude rate	Ad- justed rate	Number registered	Still- birth rate per 1,000 total births						M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
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	Acreage (land and inland water) at 31st Dec. 1963	Census, 1961	Est. Home, at 30th June, 1963	L.	241	225	478	20.9	17.9	L.	5	3	8	16.5	130	127	257	11.2	15.4	L.	6	3	11	23.0		L.	3	1	6	14.6	L.	—	1	2	7	11	L.	—	2	2	2	14.6	L.	—	3	1	2	7	11	L.	—	2	2	2	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.	—	3	1	6	14.6	L.

I.—Illegitimate.  
L.—Legitimate.



TABLE 2—continued

URBAN DISTRICTS	POPULATION AT ALL AGES		BIRTHS				DEATHS				INFANT MORTALITY				NEO-NATAL MORTALITY				EARLY NEO-NATAL MORTALITY				Stillbirths and deaths of infants under one per 1,000 total births							
			LIVE BIRTHS		STILLBIRTHS		Number registered		Deaths of infants under one year		Deaths of infants under four weeks		Deaths of infants under one week																	
	Acreage (land and inland water) at 31st Dec. 1963	Census, 1961	Est. Home, at 30th June, 1963	Number registered		Live birthrate per 1,000 population		Number registered		Stillbirth rate per 1,000 total births	M.		F.		Total	Crude rate	Ad-justed rate	M.		F.		Total		Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births		
				M.	F.	Total	Crude rate	Ad-justed rate	M.		F.	Total	M.	F.				Total	M.	F.	Total								M.	F.
Leigh ... ..	6,359	46,174	46,530	L. 415 I. 15	361 18	809	17.4	L. 19.1	L. 6 I. —	4 1	11	13.4	322	268	590	12.7	14.4	L. 11 I. —	27.2	L. 6 I. —	9	15	24	18.5	L. 5 I. —	8	13	21	16.1	29.3
Leyland ... ..	3,804	19,413	20,330	L. 192 I. 2	178 8	380	18.7	L. 18.1	L. 2 I. —	1 —	3	7.8	117	93	210	10.3	14.4	L. 8 I. —	26.3	L. 7 I. —	2	9	11	23.7	L. 6 I. —	2	8	21	21.1	28.7
Litherland ... ..	1,210	24,871	25,170	L. 260 I. 12	225 8	505	20.1	L. 19.5	L. 8 I. —	6 —	14	27.0	144	116	260	10.3	15.1	L. 4 I. 1	25.7	L. 4 I. 1	3	8	11	15.8	L. 4 I. 1	3	8	15.8	42.4	42.4
Littleborough ... ..	7,855	10,552	10,740	L. 105 I. 10	93 7	215	20.0	L. 21.4	L. 1 I. —	3 —	4	18.3	85	69	154	14.3	15.6	L. 3 I. —	32.6	L. 3 I. —	3	6	9	27.9	L. 3 I. —	3	6	27.9	45.7	45.7
Little Lever ... ..	807	5,085	5,550	L. 68 I. —	63 2	133	24.0	L. 23.2	L. 2 I. —	1 —	3	22.1	32	26	58	10.5	12.2	L. 2 I. —	22.6	L. 1 I. —	1	2	3	15.0	L. 1 I. —	1	1	7.5	29.4	29.4
Longridge ... ..	3,285	4,686	4,960	L. 54 I. 6	60 1	121	24.4	L. 25.9	L. 3 I. —	1 —	4	32	35	31	66	13.3	15.8	L. — I. —	8.3	L. — I. —	—	—	—	nil	L. — I. —	—	—	nil	32	32
Lytham St. Annes (B) ... ..	5,814	36,189	36,300	L. 212 I. 15	210 15	452	12.5	L. 15.6	L. 4 I. 1	3 —	8	17.4	294	358	652	18.0	12.6	L. 7 I. 1	26.5	L. 5 I. 1	4	10	14	22.1	L. 2 I. 1	2	5	11.1	28.3	28.3
Middleton (B) ... ..	5,172	56,668	58,860	L. 545 I. 27	493 33	1,098	18.7	L. 18.1	L. 10 I. 1	12 1	23	20.5	304	276	580	9.9	15.2	L. 18 I. 1	29.1	L. 14 I. 1	12	27	39	24.6	L. 12 I. 1	12	25	22.8	42.8	42.8
Milnrow ... ..	5,194	8,129	8,310	L. 81 I. 2	69 1	153	18.4	L. 20.8	L. 1 I. —	1 —	2	12.9	70	69	139	16.7	16.4	L. — I. —	13.1	L. — I. —	2	2	4	13.1	L. — I. —	2	2	13.1	25.8	25.8
Morecambe and Heysham (B) ... ..	3,794	40,228	40,000	L. 239 I. 35	232 14	520	13	L. 16.4	L. 4 I. —	3 2	9	17.0	366	356	722	18.1	13.0	L. 2 I. 2	17.3	L. 1 I. 2	4	7	11	13.5	L. 1 I. 2	3	6	11.5	28.4	28.4
Mossley (B) ... ..	3,661	9,776	9,800	L. 76 I. 1	82 9	168	17.1	L. 19.7	L. — I. —	— —	—	nil	65	75	140	14.3	15.4	L. 2 I. —	11.9	L. — I. —	—	—	—	nil	L. — I. —	—	—	nil	nil	nil
Nelson (B) ... ..	3,445	32,292	32,000	L. 249 I. 25	224 21	519	16.2	L. 18.5	L. 6 I. —	— —	6	11.4	241	252	493	15.4	14.0	L. 7 I. 1	23.1	L. 3 I. 1	2	6	8	11.6	L. 3 I. 1	2	6	11.6	22.9	22.9
Newton-le-Willows ... ..	3,105	21,768	21,980	L. 195 I. 10	162 6	373	17.0	L. 17.1	L. 4 I. —	3 —	7	18.4	138	146	284	12.9	14.9	L. 8 I. —	34.9	L. 7 I. —	3	10	13	26.8	L. 7 I. —	3	10	26.8	44.7	44.7
Ormskirk ... ..	15,608	21,828	23,740	L. 239 I. 11	205 6	461	19.4	L. 19.6	L. 4 I. —	— —	4	8.6	147	133	280	11.8	11.8	L. 4 I. 1	15.2	L. 3 I. 1	2	6	8	13.0	L. 3 I. 1	2	6	13.0	21.5	21.5
Orrell ... ..	1,616	10,664	11,330	L. 101 I. 2	90 3	196	17.3	L. 16.8	L. 3 I. —	1 —	4	20	72	60	132	11.7	14.4	L. 4 I. 1	25.5	L. 4 I. —	—	4	—	20.4	L. 4 I. —	—	4	20.4	40	40
Oswaldtwistle ... ..	4,885	11,918	12,300	L. 103 I. 5	83 10	201	16.3	L. 18.0	L. 4 I. —	1 —	5	24.3	100	85	185	15.0	14.9	L. 2 I. —	10.0	L. 2 I. —	—	2	—	10.0	L. 2 I. —	—	2	10.0	34.0	34.0

L.—Legitimate.

I.—Illegitimate.

TABLE 2—continued

URBAN DISTRICTS	POPULATION AT ALL AGES		BIRTHS				DEATHS				INFANT MORTALITY				NEO-NATAL MORTALITY				EARLY NEO-NATAL MORTALITY				PERINATAL MORTALITY										
			LIVE BIRTHS		STILLBIRTHS		Number registered		Death rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks				Deaths of infants under one week														
	M.	F.									Total	Crude rate	Ad- justed rate	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births	M.		F.	Total	Rate per 1,000 live births							
			M.	F.	Total	Still- birth rate per 1,000 total births																											
							Live birthrate per 1,000 population	Ad- justed rate																									
Acreage (land and inland water) at 31st Dec. 1963	Census, 1961	Est. Home, 30th June, 1963	L.	72 I. 4	86 8	170	16.9	18.8	L. I.	1	2	3	17.3	75	87	162	16.1	16.3	L. I.	2	—	4	23.5	L. I.	2	—	4	23.5	L. I.	1	—	3	17.6
...	975	9,899	10,050	L. 130 I. 6	118 3	257	18.3	18.7	L. I.	1	3	4	15.3	95	81	176	12.5	12.5	L. I.	—	—	—	nil	L. I.	—	—	—	—	—	—	—	—	15.3
Poulton-le-Fylde	...	12,726	14,030	L. 16 I. 1	9 —	25	9.3	12.1	L. I.	—	—	—	nil	28	18	46	17.1	13.0	L. I.	1	—	1	40	L. I.	1	—	1	40	L. I.	1	—	1	40
...	3,277	2,357	2,690	L. 149 I. 4	117 8	278	21.0	20.0	L. I.	2	1	3	10.7	90	74	164	12.4	15.6	L. I.	4	—	5	18.0	L. I.	4	1	5	18.0	L. I.	4	1	5	18.0
Prescot	...	13,079	13,230	L. 220 I. 17	212 13	462	13.5	14.5	L. I.	2	3	5	10.7	259	272	531	15.5	12.1	L. I.	3	—	4	8.7	L. I.	3	1	4	8.7	L. I.	3	1	4	8.7
Prestwich (B)	...	34,209	34,160	L. 263 I. 22	217 10	512	19.0	20.3	L. I.	1	8	9	17.3	206	188	394	14.6	15.9	L. I.	1	2	7	10	L. I.	1	2	3	11.7	L. I.	1	2	3	11.7
Radcliffe (B)	...	26,726	26,960	L. 76 I. 1	46 2	125	21.5	18.7	L. I.	2	2	4	31.0	23	33	56	9.6	12.5	L. I.	1	—	2	3	L. I.	1	—	2	24	L. I.	1	—	2	24
Rainford	...	5,385	5,810	L. 105 I. 11	99 5	220	15.8	17.7	L. I.	—	4	5	22.2	88	103	191	13.7	13.4	L. I.	3	1	5	22.7	L. I.	3	1	5	22.7	L. I.	2	1	5	22.7
Ramsbottom	...	13,817	13,950	L. 199 I. 11	174 13	397	16.7	18.3	L. I.	3	9	12	29.3	188	205	393	16.5	15.3	L. I.	7	—	7	17.6	L. I.	5	—	5	12.6	L. I.	4	—	4	10.1
Rawtenstall (B)	...	23,890	23,830	L. 28 I. 1	42 —	71	13.1	14.7	L. I.	1	—	1	13.9	44	40	84	15.4	14.5	L. I.	—	—	1	14.1	L. I.	—	—	1	14.1	L. I.	—	—	1	14.1
Rishton	...	5,433	5,440	L. 141 I. 5	140 6	292	19.3	20.1	L. I.	—	2	2	6.8	98	92	190	12.5	13.8	L. I.	6	—	8	27.4	L. I.	5	—	6	20.5	L. I.	3	1	4	13.7
Royton	...	14,474	15,140	L. 56 I. 4	54 1	115	17.9	18.6	L. I.	1	1	2	17.1	35	31	66	10.3	12.9	L. I.	1	—	2	17.4	L. I.	1	—	1	8.7	L. I.	1	—	1	8.7
Skelmersdale	...	6,309	6,420	L. 80 I. 2	83 3	168	16.8	16.4	L. I.	3	2	5	28.9	65	48	113	11.3	13.7	L. I.	4	—	6	35.7	L. I.	4	—	6	35.7	L. I.	3	2	5	29.8
Standish-with-Langtree	...	9,692	10,020	L. 536 I. 77	521 52	1,186	19.6	20.0	L. I.	11	—	22	18.2	392	333	725	12.0	14.6	L. I.	21 1	7 2	31	26.1	L. I.	7 1	5 1	14	11.8	L. I.	6 1	4 1	12	10.1
Stretford (B)	...	60,364	60,560	L. 347 I. 13	341 19	720	17.5	17.8	L. I.	4	6	13	17.7	247	242	489	11.9	13.9	L. I.	6 —	3 —	9	12.5	L. I.	3 —	3 —	6	8.3	L. I.	3 —	6	8.3	25.9
Swinton and Pendlebury (B)	...	40,470	41,230	L. 160 I. 13	149 3	325	15.3	18.3	L. I.	7	—	8	24.0	201	179	380	17.9	13.6	L. I.	4 1	1 —	6	18.5	L. I.	3 1	1 —	5	15.4	L. I.	3 1	4	12.3	36.0
Thornton Cleveleys	...	20,648	21,250																														

I.—Illegitimate.

L.—Legitimate.



TABLE 2—continued

URBAN DISTRICTS	Acreage (land and inland water) at 31st Dec. 1963	POPULATION AT ALL AGES		BIRTHS				DEATHS				INFANT MORTALITY				NEO-NATAL MORTALITY				EARLY NEO-NATAL MORTALITY				PERINATAL MORTALITY																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
				LIVE BIRTHS				STILLBIRTHS				Number registered		Death rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks					Deaths of infants under one week																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
		Number registered		Live birthrate per 1,000 population		Number registered		Still- birth rate per 1,000 total births		M.	F.	Total	Crude rate	Ad- justed rate	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births	M.		F.	Total	Rate per 1,000 live births																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
		M.	F.	Total	Crude rate	Ad- justed rate	M.	F.	Total																			M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
		Census, 1961	Est. Home, at 30th June, 1963																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										

L.—Legitimate.

I.—Illegitimate.

TABLE 2—continued

RURAL DISTRICTS	Acreage (land and inland water) at 31st Dec. 1963	POPULATION AT ALL AGES		BIRTHS						DEATHS			INFANT MORTALITY				NEO-NATAL MORTALITY				EARLY NEO-NATAL MORTALITY			PERINATAL MORTALITY					
				LIVE BIRTHS			STILLBIRTHS						Deaths of infants under one year				Deaths of infants under four weeks				Deaths of infants under one week								
		Census, 1961	Est. Home, at 30th June, 1963	M.	F.	Total	Crude rate	Ad- justed rate	M.	F.	Total	Number registered	Crude rate	Ad- justed rate	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births			
Blackburn ...	...	15,053	16,300	L. 107 I. 3	112	222	13.6	12.8	L. 2 I. —	2	4	103	13.3	12.3	L. 4 I. —	4	8	36.0	L. 4 I. —	3	—	6	31.5	L. 3 I. —	3	—	6	27.0	44.2
Burnley ...	...	16,035	16,090	L. 131 I. 7	114	256	15.9	13.1	L. 1 I. —	1	2	125	16.1	14.3	L. 2 I. —	2	4	15.6	L. 2 I. —	1	—	3	11.7	L. 2 I. —	1	—	3	11.7	19.4
Chorley ...	...	23,567	29,420	L. 255 I. 10	258	529	18.0	19.2	L. 4 I. —	5	9	195	12.7	13.7	L. 3 I. —	8	11	20.8	L. 3 I. —	5	—	8	15.1	L. 3 I. —	4	—	7	13.2	29.7
Culterhoe ...	...	8,799	9,440	L. 53 I. 1	51	103	11.4	12.9	L. 1 I. —	3	4	75	12.6	11.2	L. 1 I. —	1	2	18.5	L. 1 I. —	1	—	2	18.5	L. 1 I. —	1	—	2	18.5	53.6
Fylde ...	...	17,370	17,700	L. 166 I. 7	162	341	19.3	20.0	L. 4 I. —	—	4	139	16.0	12.6	L. 4 I. 1	1	6	17.6	L. 4 I. 1	—	—	5	14.7	L. 4 I. 1	—	—	5	14.7	26.1
Garstang ...	...	14,390	15,060	L. 144 I. 9	143	299	19.9	21.4	L. — I. —	1	1	111	11.8	11.7	L. 1 I. —	1	2	6.7	L. — I. —	—	—	—	nil	L. — I. —	—	—	—	nil	3.3
Lancaster ...	...	14,000	14,820	L. 93 I. 2	70	168	11.3	13.9	L. 1 I. —	1	2	141	16.1	12.0	L. 2 I. —	1	3	17.9	L. 2 I. —	1	—	2	17.9	L. 2 I. —	—	—	2	17.9	23.5
Lunesdale ...	...	8,224	8,850	L. 90 I. 1	74	166	18.8	18.8	L. 5 I. —	—	5	59	12.5	11.8	L. 1 I. —	1	2	12.0	L. 1 I. —	1	—	2	12.0	L. 1 I. —	1	—	2	12.0	40.9
North Lonsdale ...	...	16,598	15,950	L. 105 I. 1	111	220	13.8	16.1	L. — I. —	3	3	124	16.1	10.1	L. 1 I. —	1	3	13.6	L. 1 I. —	1	—	2	9.1	L. 1 I. —	1	—	2	9.1	22.4
Preston ...	...	43,592	45,110	L. 403 I. 14	340	763	16.9	18.3	L. 12 I. —	8	20	341	14.8	16.0	L. 5 I. 1	4	10	13.1	L. 3 I. —	2	—	5	6.6	L. 2 I. —	2	—	4	5.2	30.7
Warrington...	...	30,732	34,900	L. 408 I. 12	348	782	22.4	19.7	L. 4 I. 1	4	9	203	11.1	10.6	L. 10 I. —	3	13	16.6	L. 6 I. —	1	—	7	9.0	L. 5 I. —	1	—	6	7.7	19.0
West Lancashire ...	...	55,763	60,100	L. 656 I. 14	601	1,285	21.4	19.2	L. 14 I. 1	11	27	315	9.5	11.6	L. 11 I. 2	10	25	19.5	L. 7 I. 1	8	—	18	14.0	L. 6 I. 1	8	—	17	13.2	33.5
Whiston ...	...	43,786	50,380	L. 502 I. 14	457	979	19.4	17.3	L. 16 I. 1	9	26	215	8.8	9.4	L. 14 I. —	8	22	22.5	L. 9 I. —	7	—	16	16.3	L. 9 I. —	6	—	15	15.3	40.8
Wigan ...	...	10,157	10,710	L. 94 I. 2	105	207	19.3	18.2	L. 1 I. —	4	6	58	10.3	12.8	L. 3 I. —	5	8	38.6	L. 2 I. —	2	—	4	19.3	L. 2 I. —	2	—	4	19.3	46.9

I.—Illegitimate.

L.—Legitimate.



TABLE 2—continued

TOTALS	Acreage (land and inland water) at 31st Dec. 1963	POPULATION AT ALL AGES		BIRTHS						DEATHS			INFANT MORTALITY				NEO-NATAL MORTALITY				EARLY NEO-NATAL MORTALITY				PERINATAL MORTALITY																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
				LIVE BIRTHS			STILLBIRTHS			Number registered		Death rate per 1,000 population	Deaths of infants under one year		Deaths of infants under four weeks		Deaths of infants under one week		Deaths of infants under one week																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
		Census, 1961	Est. Home, at 30th June, 1963	Number registered	Live birthrate per 1,000 population	Number registered		Still- birth rate per 1,000 total births	M.	F.	Total		Crude rate	Ad- justed rate	M.	F.	Total	Rate per 1,000 live births	M.	F.	Total	Rate per 1,000 live births	M.	F.		Total	Rate per 1,000 live births																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
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L.—Legitimate. I.—Illegitimate.

TABLE 3—COMPARABILITY FACTORS RELATIVE TO EACH COUNTY DISTRICT FOR USE IN THE ADJUSTMENT  
OF THE CRUDE BIRTH AND DEATH RATES, 1963

(For explanations see pages 21 and 23, and for adjusted rates, Table 2, page 156)

Urban Districts	Comparability Factor		Urban Districts	Comparability Factor	
	Births	Deaths		Births	Deaths
Abram ... ..	1.00	1.39	Mossley (B) ... ..	1.15	1.08
Accrington (B) ... ..	1.13	0.97	Nelson (B) ... ..	1.14	0.91
Adlington ... ..	1.00	1.06	Newton-le-Willows ... ..	1.01	1.15
Ashton-in-Makerfield ... ..	1.00	1.20	Ormskirk ... ..	1.01	1.00
Ashton-under-Lyne (B) ... ..	1.08	1.01	Orrell ... ..	0.97	1.24
Aspull ... ..	0.98	1.39	Oswaldtwistle ... ..	1.10	0.99
Atherton ... ..	1.04	0.98	Padiham ... ..	1.11	1.01
Audenshaw ... ..	1.03	1.11	Poulton-le-Fylde ... ..	1.02	1.00
Bacup (B) ... ..	1.06	1.09	Precsall ... ..	1.30	0.76
Barrowford ... ..	1.25	0.83	Prescot ... ..	0.95	1.26
Billinge and Winstanley ... ..	0.83	0.89	Prestwich (B) ... ..	1.07	0.78
Blackrod ... ..	0.91	1.21	Radcliffe (B) ... ..	1.07	1.09
Brierfield ... ..	1.11	1.02	Rainford ... ..	0.87	1.30
Carnforth ... ..	1.04	1.15	Ramsbottom ... ..	1.12	0.98
Chadderton ... ..	0.99	1.14	Rawtenstall (B) ... ..	1.10	0.93
Chorley (B) ... ..	1.07	1.04	Rishton ... ..	1.13	0.94
Church ... ..	1.05	1.23	Royton ... ..	1.04	1.10
Clayton-le-Moors ... ..	1.07	1.09	Skelmersdale ... ..	1.04	1.25
Clitheroe (B) ... ..	1.17	0.83	Standish-with-Langtree ... ..	0.98	1.22
Colne (B) ... ..	1.21	0.96	Stretford (B) ... ..	1.02	1.22
Crompton ... ..	1.05	1.08	Swinton and Pendlebury (B) ... ..	1.02	1.17
Crosby (B) ... ..	1.03	0.98	Thornton Cleveleys ... ..	1.20	0.76
Dalton-in-Furness ... ..	1.05	1.06	Tottington ... ..	1.12	0.84
Darwen (B) ... ..	1.11	1.00	Trawden ... ..	1.26	0.94
Denton ... ..	0.88	1.30	Turton ... ..	0.89	1.08
Droylsden ... ..	1.02	1.26	Tyldesley ... ..	1.10	1.15
Eccles (B) ... ..	1.04	0.99	Ulverston ... ..	1.09	0.85
Failsworth ... ..	0.95	1.23	Up Holland ... ..	0.92	1.33
Farnworth (B) ... ..	1.10	0.91	Urnston ... ..	0.95	1.26
Flectwood (B) ... ..	1.05	1.05	Walton-le-Dale ... ..	0.89	1.31
Formby ... ..	1.06	1.00	Wardle ... ..	0.96	0.85
Fulwood ... ..	1.01	0.59	Westhoughton ... ..	0.99	1.08
Golborne ... ..	0.86	1.37	Whitefield ... ..	0.95	1.19
Grange ... ..	1.77	0.49	Whitworth ... ..	1.01	1.15
Great Harwood ... ..	1.09	0.97	Widnes (B) ... ..	0.94	1.41
Haslingden (B) ... ..	1.12	0.98	Withnell ... ..	1.23	0.83
Haydock ... ..	0.95	1.15	Worsley ... ..	1.03	1.35
Heywood (B) ... ..	1.06	1.13			
Hindley ... ..	1.02	1.18	Rural Districts		
Horwich ... ..	1.08	1.07	Blackburn ... ..	0.94	0.93
Huyton-with-Roby ... ..	0.91	1.74	Burnley ... ..	1.14	0.89
Ince-in-Makerfield ... ..	1.03	1.27	Chorley ... ..	1.07	1.08
Irlam ... ..	1.02	1.19	Clitheroe ... ..	1.13	0.89
Kearsley ... ..	1.09	1.16	Fylde ... ..	1.04	0.79
Kirkby ... ..	0.97	3.14	Garstang ... ..	1.08	0.99
Kirkham ... ..	1.10	1.21	Lancaster ... ..	1.23	0.75
Lancaster (B) ... ..	1.11	0.73	Lunesdale ... ..	1.00	0.94
Lees ... ..	1.23	0.88	North Lonsdale ... ..	1.17	0.63
Leigh (B) ... ..	1.10	1.14	Preston ... ..	1.08	1.08
Leyland ... ..	0.97	1.40	Warrington ... ..	0.88	0.95
Litherland ... ..	0.97	1.46	West Lancashire ... ..	0.90	1.23
Littleborough ... ..	1.07	1.09	Whiston ... ..	0.89	1.07
Little Lever ... ..	0.97	1.17	Wigan ... ..	0.94	1.25
Longridge ... ..	1.06	1.19			
Lytham St. Annes (B) ... ..	1.25	0.70			
Middleton (B) ... ..	0.97	1.54	Aggregate—Urban Districts ... ..	1.03	1.10
Milnrow ... ..	1.13	0.98	Aggregate—Rural Districts ... ..	0.99	0.98
Morccambe and Heysham (B) ... ..	1.26	0.72	Administrative County ... ..	1.03	1.09



URBAN DISTRICTS	Total No. of deaths from all causes	Tuberculosis, respiratory	Tuberculosis, other	Syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm				Lymphatic neoplasms and leukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Ill-defined and other diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war
											Stomach	Lung, bronchus	Breast	Uterus																						

TABLE 4—continued

URBAN DISTRICTS		Total No. of deaths from all causes	MORTALITY FROM SUBJOINED CAUSES																																					
			Tuberculosis, respiratory	Tuberculosis, other	Syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm				Other malignant and lymphatic neoplasms	Leukaemia, leukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war		
												Stomach	Lung, bronchus	Breast	Uterus																									
Denton ...	...	317	1	—	—	—	—	—	—	—	—	7	14	10	3	25	2	2	43	58	6	43	19	1	11	19	1	7	1	1	2	—	1	—	1	25	7	3	5	—
Droylsden ...	...	257	3	—	1	—	—	—	—	—	—	6	13	4	1	15	3	1	38	43	2	38	11	1	6	19	1	1	1	1	1	1	—	—	3	21	5	5	2	—
Eccles (B) ...	...	566	1	2	—	—	—	—	—	2	—	12	23	8	7	50	4	6	82	91	7	68	51	1	26	40	4	6	2	2	3	—	2	—	2	42	7	11	6	—
Failsworth ...	...	227	1	1	—	—	1	—	—	2	—	1	9	2	3	15	1	1	26	44	—	38	11	—	17	21	3	2	—	—	2	—	1	17	2	4	2	—		
Farnworth (B) ...	...	380	2	—	1	—	—	—	—	—	—	8	10	3	7	30	1	1	58	59	9	47	18	—	27	28	8	3	3	—	2	—	—	38	1	11	5	—		
Fleetwood (B) ...	...	396	2	—	1	—	—	—	1	—	—	7	12	7	5	27	2	3	56	67	5	75	7	7	13	25	4	3	1	2	1	5	36	2	15	2	1			
Formby... ..	...	141	1	—	—	—	—	—	—	—	—	5	8	10	1	13	2	—	20	32	1	6	4	1	7	5	2	2	—	—	—	—	11	2	6	2	—			
Fulwood ...	...	278	1	—	—	—	—	—	—	—	—	5	6	6	4	24	1	3	52	55	5	45	9	2	16	11	1	—	1	1	1	1	19	2	6	—	—			
Golborne ...	...	257	—	—	—	—	—	—	1	—	—	8	12	5	3	24	2	5	25	53	2	31	13	3	16	13	3	1	1	3	—	5	20	1	5	2	—			
Grange ...	...	70	—	—	—	—	—	—	—	—	—	1	2	3	2	1	1	—	18	14	1	17	1	1	—	1	2	—	—	—	—	3	—	1	1	—	—			
Great Harwood ...	...	138	—	—	—	—	—	—	—	—	—	6	5	1	1	7	—	2	31	28	1	18	4	—	5	11	1	1	2	1	—	1	5	1	6	—	—			
Haslingden (B) ...	...	212	2	—	—	—	—	—	—	—	—	5	4	5	—	19	1	—	35	43	3	34	10	1	8	14	2	1	2	1	2	—	13	4	2	2	—			
Haydock ...	...	134	1	—	—	—	—	—	—	—	—	—	6	3	1	7	1	1	24	18	2	23	6	1	6	12	2	—	—	—	1	—	3	10	1	5	—			
Heywood (B) ...	...	341	3	2	1	—	—	—	1	—	—	8	14	7	3	31	1	2	46	73	4	32	14	2	23	22	2	—	—	1	1	6	23	4	10	2	1			
Hindley... ..	...	289	1	—	—	—	—	—	—	—	—	10	8	2	1	17	1	—	43	51	7	46	20	5	19	16	6	4	1	3	—	1	22	2	2	2	1	—		
Horwich ...	...	220	—	—	—	—	—	—	—	—	—	6	9	4	—	24	1	1	30	43	1	29	10	1	8	22	2	4	1	1	—	4	10	—	5	3	1	—		
Huyton-with-Roby ...	...	560	3	—	3	—	—	—	—	—	—	18	35	6	5	45	4	1	64	102	9	55	11	—	47	37	6	3	1	1	6	59	10	15	4	2	—			
Ince-in-Makerfield ...	...	215	2	—	—	—	—	—	—	—	—	5	6	4	3	13	2	1	25	42	6	21	8	—	4	20	3	2	1	2	2	1	31	3	6	2	—			
Irlam ...	...	178	—	—	—	—	—	—	—	1	—	4	9	3	2	22	2	2	19	39	2	19	11	1	4	13	2	1	1	—	1	11	3	3	2	—				
Kearsley ...	...	131	—	—	—	—	—	—	—	—	—	2	3	1	—	8	1	4	28	21	2	14	9	—	8	4	3	1	—	—	1	9	3	5	3	—				
Kirkby ...	...	249	2	—	—	—	—	—	1	1	—	7	15	4	2	23	—	—	20	41	4	18	6	—	15	15	3	1	—	—	1	44	9	9	3	—				
Kirkham ...	...	64	—	—	—	—	—	—	—	—	—	1	2	—	1	2	—	—	10	11	—	7	2	—	2	5	1	—	—	—	1	18	—	—	—	—				
Lancaster (B) ...	...	747	2	1	—	—	—	—	3	3	—	19	21	11	7	50	3	3	125	192	15	62	20	3	62	33	9	5	5	2	1	57	7	16	2	—				
Lees ...	...	64	—	1	—	—	—	—	—	—	—	4	1	1	—	8	—	—	11	6	—	8	5	—	4	6	1	—	—	—	—	4	—	1	2	—				



URBAN DISTRICTS		Total No. of deaths from all causes	MORTALITY FROM SUBJOINED CAUSES																																					
			Tuberculosis, respiratory	Tuberculosis, other	Syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm				Other malignant and lymphatic neoplasms	Leukaemia, aleukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war		
												Stomach	Lung, bronchus	Breast	Uterus																									
Leyland	...	...	210	—	—	—	—	—	—	—	—	2	2	5	2	1	17	1	3	36	44	4	29	7	2	7	13	1	2	—	—	1	—	—	2	20	3	3	5	—
Litherland	...	...	260	—	—	—	—	1	—	—	—	—	—	14	2	2	13	1	1	28	49	7	21	10	1	19	25	2	2	—	—	1	—	—	3	24	5	16	3	—
Littleborough	...	...	154	1	—	—	—	—	—	—	—	—	—	7	1	—	13	—	1	15	31	1	34	4	2	6	11	1	3	—	—	2	—	—	4	7	—	2	1	—
Little Lever	...	...	58	—	—	—	—	—	—	—	—	—	—	3	2	—	1	—	1	9	7	7	3	2	—	7	4	1	—	—	—	—	—	1	5	1	2	—	—	
Longridge	...	...	66	1	—	—	—	—	—	—	—	—	—	2	—	—	5	1	—	12	10	—	8	2	—	5	2	—	2	—	2	1	—	7	—	—	1	1	—	
Lytham St. Annes (B)	...	...	652	3	—	—	—	—	—	—	—	—	—	14	9	4	65	—	2	101	160	7	70	40	2	18	28	5	2	3	4	2	4	54	7	14	8	—		
Middleton (B)	...	...	580	—	—	—	—	—	—	—	—	—	—	15	11	5	54	6	1	90	121	1	43	26	1	34	49	3	2	2	2	2	6	52	9	9	3	1	—	
Milnrow	...	...	139	—	—	—	—	—	—	—	—	—	—	—	3	2	6	—	—	16	32	2	31	3	1	9	19	—	—	—	—	—	—	9	1	1	3	—		
Morecambe & Heysham (B)	...	...	722	5	—	—	—	—	—	—	—	—	—	18	12	9	54	2	3	120	189	11	80	29	5	21	37	3	7	5	6	6	3	40	3	7	2	1	—	
Mossley (B)	...	...	140	—	—	—	—	—	—	—	—	—	—	5	1	—	7	—	—	21	33	4	27	6	1	3	8	—	2	—	—	—	1	—	6	6	1	1	—	
Nelson (B)	...	...	493	1	—	—	—	—	—	—	—	—	—	12	7	5	38	2	2	84	106	4	56	25	3	10	38	2	1	—	—	2	1	—	51	3	13	8	—	
Newton-le-Willows	...	...	284	2	—	—	—	—	—	—	—	—	—	8	6	4	16	—	1	39	54	8	49	10	1	12	16	3	2	2	2	1	—	2	18	5	6	4	—	
Ormskirk	...	...	280	—	—	—	—	—	—	—	—	—	—	9	4	3	20	1	1	37	60	6	24	13	1	16	15	1	2	1	1	2	3	37	3	11	—	—		
Orrell	...	...	132	—	—	—	—	—	—	—	—	—	—	2	1	—	15	1	1	25	23	5	17	3	—	7	9	3	—	—	—	—	10	3	1	1	—			
Oswaldtwistle	...	...	185	—	—	—	—	—	—	—	—	—	—	5	3	2	12	2	5	23	37	—	30	13	1	7	12	2	1	1	—	—	1	15	1	3	1	—		
Padiham	...	...	162	—	—	—	—	—	—	—	—	—	—	4	5	—	7	—	1	32	30	1	19	16	1	2	7	1	2	—	—	1	15	2	2	7	1	—		
Poulton-le-Fylde	...	...	176	—	1	—	—	—	—	—	—	—	—	8	4	—	10	—	2	32	39	3	11	10	4	3	12	1	2	3	—	—	3	12	2	5	2	—		
Preesall	...	...	46	1	—	—	—	—	—	—	—	—	—	5	1	—	2	1	—	9	6	1	4	1	—	2	1	1	—	—	—	—	6	2	2	1	—	—		
Prescot	...	...	164	1	—	—	—	—	—	—	—	—	—	1	1	—	10	1	2	30	47	—	10	5	—	13	5	1	2	—	—	—	2	16	1	3	4	—		
Prestwich (B)	...	...	531	2	—	—	—	—	—	—	—	—	—	6	12	4	43	1	7	76	93	16	116	17	2	27	31	1	2	2	2	4	33	4	6	4	—	—		
Radcliffe (B)	...	...	394	—	1	—	—	—	—	—	—	—	—	19	5	1	28	1	6	65	68	4	64	16	4	15	26	3	4	—	—	—	2	25	1	12	4	—		
Rainford	...	...	56	—	—	—	—	—	—	—	—	—	—	2	2	—	5	1	—	7	9	—	5	2	—	6	2	—	—	—	—	—	10	2	1	—	—	—		
Ramsbottom	...	...	191	1	—	—	—	—	—	—	—	—	—	9	1	3	9	—	1	48	40	10	20	7	—	7	9	2	2	1	2	1	9	—	5	2	—	—		
Rawtenstall (B)	...	...	393	—	—	—	—	—	—	—	—	—	—	16	11	7	35	1	4	73	74	7	67	12	—	6	11	2	6	2	4	1	28	4	9	3	—	—		

TABLE 4—continued

URBAN DISTRICTS	Total No. of deaths from all causes	MORTALITY FROM SUBJOINED CAUSES																				Suicide	Homicide and operations of war															
		Tuberculosis, respiratory, other	Syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm				Other malignant neoplasms	Leukaemia, aleukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease			Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hypertrophia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Ill-defined and motor vehicle accidents	All other accidents			
										Stomach	Lung, bronchus	Breast	Uterus																									
Rishton...	84	—	—	—	—	—	—	—	—	2	8	1	1	4	—	—	20	18	—	9	2	—	7	2	—	—	—	—	—	—	—	—	—	—	1	—		
Royton ...	190	1	—	—	—	—	—	—	—	4	8	1	3	18	—	2	27	35	—	15	14	1	12	16	1	4	2	—	—	—	—	—	—	—	2	1		
Skelmersdale ...	66	1	—	—	—	—	—	1	—	2	3	1	—	8	—	—	8	9	—	7	1	—	1	6	2	—	—	—	—	—	—	—	—	—	—	—		
Standish-with-Langtree	113	—	—	—	—	—	—	—	—	2	5	1	—	4	1	2	15	26	1	22	3	1	3	7	—	1	1	1	1	—	—	—	—	—	—	—		
Stretford (B) ...	725	7	1	1	1	—	—	2	1	17	38	8	3	48	10	2	103	131	11	95	32	8	33	61	10	6	5	2	—	—	—	5	46	12	19	6	1	
Swinton & Pendlebury (B)	489	4	1	—	—	—	—	—	1	7	25	8	4	41	1	3	77	98	10	60	37	2	18	35	7	—	1	1	1	—	5	25	6	8	2	1		
Thornton Cleveleys ...	380	2	—	—	—	—	—	—	1	16	15	8	1	34	—	3	50	70	5	70	23	4	14	15	—	1	3	—	—	—	—	4	22	2	10	4	1	
Tottington ...	95	—	—	—	—	—	—	—	—	2	1	1	—	11	1	1	22	18	—	20	3	—	2	4	—	—	1	—	—	—	—	—	2	1	3	1	—	
Trawden ...	27	—	—	—	—	—	—	—	—	—	2	1	—	5	—	—	6	2	1	5	1	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	
Turton ...	185	1	—	—	—	—	—	—	1	6	4	2	—	14	—	3	27	35	8	11	19	—	10	16	1	2	1	2	1	—	1	11	4	3	2	—	—	
Tyldesley ...	204	1	—	—	—	—	—	—	—	3	6	3	3	24	—	1	20	44	1	29	13	1	9	10	3	—	—	1	—	—	1	16	7	6	1	—	—	
Ulverston ...	185	—	—	—	—	—	—	—	2	4	2	2	—	11	1	—	50	55	1	7	7	—	13	5	—	3	—	—	—	—	—	2	11	2	3	2	—	—
Up Holland ...	96	1	—	—	—	—	—	—	—	3	1	1	2	7	1	—	15	20	2	13	1	1	6	2	2	2	2	—	—	—	—	3	8	—	3	—	—	
Urmston ...	421	1	—	—	—	—	—	1	1	8	22	12	5	39	4	1	76	70	4	44	27	1	17	19	4	4	2	3	—	1	3	33	7	7	4	1	—	—
Walton-le-Dale ...	204	1	—	—	—	—	—	—	—	7	7	5	1	18	1	2	36	35	2	16	11	1	9	13	1	2	3	1	1	—	4	18	5	2	1	—	—	
Wardle ...	73	—	1	—	—	—	—	—	—	—	4	—	—	3	—	—	16	9	—	20	—	—	3	3	3	1	1	—	—	1	—	5	2	2	2	—	—	
Westhoughton...	210	1	—	—	—	—	—	—	1	5	4	2	1	13	—	2	22	35	7	24	17	2	11	19	3	1	3	1	—	—	2	19	3	10	—	—	—	
Whitefield ...	189	—	1	—	—	—	—	—	—	9	5	3	1	17	2	1	31	36	—	20	5	2	6	15	1	3	1	2	1	—	4	15	2	5	1	—	—	
Whitworth ...	108	—	—	—	—	—	—	—	—	5	2	1	—	8	1	1	22	19	1	16	1	—	3	8	—	—	—	—	—	—	—	1	13	1	4	—	—	—
Widnes (B) ...	580	3	1	—	—	—	—	—	3	12	22	7	3	45	4	1	65	74	19	72	24	7	48	52	8	3	2	1	4	—	6	66	4	21	3	—	—	
Withnell ...	40	—	—	—	—	—	—	—	—	—	1	2	—	4	—	—	8	9	1	2	3	—	1	2	—	—	—	—	—	—	—	5	—	1	—	—	—	
Worsley ...	470	2	—	—	—	—	—	—	—	12	22	8	1	42	1	3	77	83	7	59	21	1	20	43	5	5	1	—	—	—	3	27	4	11	12	—	—	
Total Urban Districts...	24,560	101	17	28	—	2	5	12	38	608	940	398	182	1917	112	149	3804	4694	396	3160	1119	138	1170	1595	219	175	105	131	70	12	216	1989	273	550	220	13	—	



TABLE 4—continued

RURAL DISTRICTS		Total No. of deaths from all causes	MORTALITY FROM SUBJOINED CAUSES																																				
			Tuberculosis respiratory	Tuberculosis, other	Syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm				Other malignant and lymphatic neoplasms	Leukaemia, leukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hypertrophy of prostate	Pregnancy, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war	
												Stomach	Lung, bronchus	Breast	Uterus																								
Blackburn	...	...	216	—	—	—	—	—	1	5	9	2	1	13	1	—	33	48	3	3	26	3	4	19	9	3	—	2	1	1	—	2	23	2	5	—	—		
Burnley...	...	...	259	—	—	—	—	—	—	5	7	5	1	15	4	—	44	58	3	3	26	17	1	12	17	1	1	—	—	—	—	—	31	1	7	2	—	—	
Chorley ...	...	...	374	1	—	—	—	—	—	2	11	13	—	21	—	6	79	82	6	6	62	14	2	12	19	1	2	2	3	—	—	5	17	1	9	2	—	—	
Clitheroe	...	...	119	—	—	—	—	—	2	4	2	—	11	3	—	22	17	2	2	10	2	1	5	12	1	—	—	—	—	—	2	3	13	2	2	—	—	—	
Fylde ...	...	...	283	1	—	2	—	—	1	2	8	3	—	16	—	1	57	34	1	31	3	8	—	11	13	—	—	1	1	—	—	1	79	5	4	1	1	—	
Garstang	...	...	178	—	—	—	—	—	—	2	4	1	—	11	—	1	28	62	3	19	10	2	2	5	5	1	2	—	—	—	2	—	9	6	4	—	—	—	
Lancaster	...	...	238	3	—	—	—	—	1	6	18	2	—	17	—	1	46	61	3	29	8	1	6	9	1	2	1	2	3	—	1	2	11	2	3	1	1	—	
Lunesdale	...	...	111	—	—	—	—	—	1	2	3	1	1	14	—	1	20	25	5	7	3	7	1	3	3	2	1	—	—	—	—	—	10	2	2	—	—	—	
North Lonsdale	...	...	256	1	—	—	—	—	—	6	11	7	2	30	2	2	46	59	2	25	136	20	2	28	28	3	1	3	7	4	—	2	1	16	1	3	—	—	—
Preston ...	...	...	669	1	—	1	—	—	—	13	22	7	2	27	5	2	108	138	25	15	53	9	2	49	9	1	3	3	—	—	—	6	27	3	14	4	—	—	
Warrington ...	...	...	389	1	—	2	—	—	1	11	16	9	4	30	3	1	32	79	15	3	29	9	2	49	9	1	3	3	—	—	—	2	4	10	17	4	—	—	
West Lancashire	...	...	569	2	—	—	—	—	3	6	19	8	2	39	4	4	86	102	11	63	25	25	2	38	44	5	2	2	—	—	—	6	54	10	17	4	—	—	
Whiston ...	...	...	444	4	2	1	—	—	2	11	9	10	4	34	1	3	58	73	14	29	29	27	4	49	25	5	4	2	2	—	—	6	36	7	13	7	—	—	
Wigan ...	...	...	110	2	—	—	—	—	—	1	3	3	2	14	—	2	13	19	4	20	1	1	2	1	6	1	—	—	—	—	—	3	8	—	3	—	—	—	
Total Rural Districts ...	...	...	4,215	16	2	6	—	—	2	76	142	71	19	292	23	24	672	857	97	536	161	29	249	207	26	27	11	31	24	—	—	41	381	55	100	24	2	2	
Total Urban Districts...	...	...	24,560	101	17	28	—	—	38	608	940	398	182	1917	112	149	3804	4694	396	3160	1119	138	1170	1595	219	175	105	131	70	12	216	1989	273	550	220	13	13		
Administrative County	...	...	28,775	117	19	34	—	—	50	684	1082	469	201	2209	135	173	4476	5551	493	3696	1280	167	1419	1802	245	202	116	162	94	12	257	2370	328	650	244	15	15		

TABLE 5—CAUSES OF DEATH at different periods of life  
Year ended 31st December, 1963

CAUSES OF DEATH	Col.	Sex	ADMINISTRATIVE COUNTY												Col.
			Deaths at ages (in years)												
			All ages	0- wks.	4- wks.	1-	5-	15-	25-	35-	45-	55-	65-	75-	
ALL CAUSES ... ..		M. F.	14,631 14,144	378 289	171 128	88 55	84 60	137 64	145 111	463 303	1,240 765	3,134 1,789	4,173 3,706	4,618 6,874	
Tuberculosis, respiratory ...	1	M. F.	91 26	— —	— —	— —	— —	— 1	2 4	8 6	10 4	28 5	32 2	11 4	1
Tuberculosis, other ...	2	M. F.	9 10	— —	— —	2 —	— —	2 2	— 2	— —	1 2	1 2	2 1	1 1	2
Syphilitic disease ... ..	3	M. F.	18 16	— —	— —	— —	— —	— —	— —	— —	2 —	5 4	8 7	3 5	3
Diphtheria ... ..	4	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	4
Whooping cough ... ..	5	M. F.	1 1	— —	1 1	— —	— —	— —	— —	— —	— —	— —	— —	— —	5
Meningococcal infections ...	6	M. F.	2 3	— —	— —	1 3	— —	1 —	— —	— —	— —	— —	— —	— —	6
Acute poliomyelitis ... ..	7	M. F.	1 1	— —	— —	— —	1 —	— —	— 1	— —	— —	— —	— —	— —	7
Measles ... ..	8	M. F.	6 8	— —	— 4	4 1	2 —	— 3	— —	— —	— —	— —	— —	— —	8
Other infective and parasitic diseases ... ..	9	M. F.	24 26	1 —	4 3	1 1	1 —	— —	— 2	1 4	4 4	4 3	4 5	4 4	9
Malignant neoplasm, stomach ... ..	10	M. F.	384 300	— —	— —	— —	— —	— —	1 —	10 1	36 18	92 55	150 94	95 132	10
lung, bronchus ... ..	11	M. F.	915 167	— —	— —	1 —	— —	— —	3 1	28 4	129 28	358 49	305 54	91 31	11
breast ... ..	12	M. F.	3 466	— —	— —	— —	— —	— —	— 6	— 48	— 102	— 120	— 110	3 80	12
uterus ... ..	13	F.	201	—	—	—	—	—	—	17	42	55	54	33	13
Other malignant and lymphatic neoplasms ...	14	M. F.	1,143 1,066	— —	1 1	4 2	5 2	9 9	13 16	54 47	123 121	251 253	343 307	340 308	14
Leukaemia, aleukaemia ...	15	M. F.	77 58	— —	1 —	7 4	6 8	3 3	7 —	4 2	11 6	12 8	23 19	3 8	15
Diabetes ... ..	16	M. F.	54 119	— —	— —	— —	— —	— —	2 2	2 —	5 6	6 23	19 47	20 41	16
Vascular lesions of nervous system ... ..	17	M. F.	1,852 2,624	— —	— —	— —	— 2	2 2	5 6	34 24	72 83	341 263	595 732	803 1,512	17
Coronary disease, angina ...	18	M. F.	3,480 2,071	— —	— —	— —	— —	— 1	6 2	117 18	416 75	1,021 339	1,172 763	748 873	18
Hypertension with heart disease ... ..	19	M. F.	187 306	— —	— —	— —	— —	— —	— —	1 1	7 8	45 28	64 103	70 166	19
Other heart disease ... ..	20	M. F.	1,400 2,296	— —	1 1	— —	— —	5 5	13 11	28 27	70 71	149 134	324 471	810 1,576	20
Other circulatory disease ...	21	M. F.	609 671	— —	— —	— —	— 1	— 1	1 2	10 8	38 15	92 46	154 166	314 432	21
Influenza ... ..	22	M. F.	76 91	— —	1 2	— —	— 1	— —	1 —	2 3	7 2	9 3	31 19	25 61	22
Pneumonia ... ..	23	M. F.	676 743	23 12	68 44	7 12	2 5	5 1	2 9	9 7	38 21	73 55	134 157	315 420	23
Brouchitis ... ..	24	M. F.	1,197 605	1 —	15 10	3 5	2 3	— —	1 4	8 5	73 22	316 88	430 173	348 295	24
Other diseases of respiratory system ...	25	M. F.	171 74	1 —	2 2	1 1	2 2	2 3	3 1	2 4	13 10	46 9	58 16	41 26	25
Ulcer of stomach and duodenum ... ..	26	M. F.	127 75	— —	— —	— —	— —	— —	1 —	6 —	16 4	24 11	34 30	46 30	26
Gastritis, enteritis and diarrhoea ... ..	27	M. F.	57 59	3 1	14 8	4 —	— 2	— 2	1 —	— 3	1 6	7 6	16 13	11 18	27
Nephritis and nephrosis ...	28	M. F.	76 86	— —	— —	2 —	— 1	3 3	3 4	8 3	11 10	11 16	18 16	20 33	28
Hyperplasia of prostate ...	29	M.	94	—	—	—	—	—	—	—	2	5	25	62	29
Pregnancy, childbirth, abortion ... ..	30	F.	12	—	—	—	—	3	4	5	—	—	—	—	30
Congenital malformations ... ..	31	M. F.	137 120	62 60	29 25	15 4	7 6	5 1	3 3	4 4	5 4	3 4	2 7	2 2	31
Other defined and ill-defined diseases ...	32	M. F.	1,062 1,308	282 216	19 14	13 9	17 11	15 13	16 18	38 33	62 65	126 143	155 238	319 548	32
Motor vehicle accidents ..	33	M. F.	235 93	— —	2 —	9 5	16 10	52 9	31 2	33 7	25 7	32 15	18 23	17 15	33
All other accidents ... ..	34	M. F.	324 326	4 —	13 13	13 7	22 6	28 1	17 3	25 8	40 7	40 22	39 53	83 206	34
Suicide ... ..	35	M. F.	135 109	— —	— —	— —	1 —	5 1	12 5	30 13	23 22	36 28	16 26	12 14	35
Homicide and operations of war ... ..	36	M. F.	8 7	1 —	— —	1 1	— —	— —	1 3	1 1	— —	1 2	2 —	1 —	36



TABLE 5 (cont'd.)—CAUSES OF DEATH at different periods of life  
Year ended 31st December, 1963

Col.	Sex	AGGREGATE OF URBAN DISTRICTS														AGGREGATE OF RURAL DISTRICTS														Col.
		Deaths at ages (in years)														Deaths at ages (in years)														
		All ages	0- wks.	4- wks.	1-	5-	15-	25-	35-	45-	55-	65-	75-	All ages	0- wks.	4- wks.	1-	5-	15-	25-	35-	45-	55-	65-	75-					
	M. F.	12427 12133	331 254	152 110	72 40	70 51	111 54	123 85	400 261	1057 669	2691 1528	3526 3209	3894 5872	2204 2011	47 35	19 18	16 15	14 9	26 10	22 26	63 42	183 96	443 261	647 497	724 1002					
1	M. F.	81 20	—	—	—	—	—	2 4	8 3	9 3	26 5	28 2	8 2	10 6	—	—	—	—	—	—	3	1 1	2	4	3 2	1				
2	M. F.	8 9	—	—	2	—	2 2	—	—	1 2	1 1	2 1	—	1 1	—	—	—	—	—	—	—	—	1	—	—	2				
3	M. F.	14 14	—	—	—	—	—	—	—	2 2	3 2	6 7	3 5	4 2	—	—	—	—	—	—	—	—	2 2	2	—	3				
4	M. F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4					
5	M. F.	1 1	—	1 1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5					
6	M. F.	2 3	—	—	1 3	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6					
7	M. F.	1 1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7					
8	M. F.	5 7	—	3	4 1	1	3	—	—	—	—	—	—	1 1	—	1	—	1	—	—	—	—	—	—	8					
9	M. F.	18 20	—	4 3	1	1	—	—	1 3	2 4	3 2	3 3	3 4	6 6	1	—	1	—	—	1	1	2 1	1 1	2	1	9				
10	M. F.	345 263	—	—	—	—	—	1	10 1	33 16	84 41	132 89	85 116	39 37	—	—	—	—	—	—	—	3 2	8 14	18 5	10 16	10				
11	M. F.	791 149	—	—	1	—	—	3 1	24 4	108 26	308 41	265 50	82 27	124 18	—	—	—	—	—	—	4	21 2	50 8	40 4	9 4	11				
12	M. F.	1 397	—	—	—	—	—	—	5	42	84	99	94	73	2 69	—	—	—	—	1	6	18	21	16	2 7	12				
13	F.	182	—	—	—	—	—	—	17	41	49	49	26	19	—	—	—	—	—	—	—	1	6	5	7	13				
14	M. F.	992 925	—	—	4 2	4 1	7 8	11 12	49 42	108 105	222 211	299 270	288 273	151 141	—	1	—	1	2	2	5 5	15 16	29 42	44 37	52 35	14				
15	M. F.	63 49	—	1	7 3	5 7	2 3	5	3 2	9 4	10 7	18 16	3 7	14 9	—	—	—	1	1	2	1	2 2	2 1	5 3	—	15				
16	M. F.	44 105	—	—	—	—	—	—	2 2	1 6	5 20	17 41	14 36	10 14	—	—	—	—	—	—	1	—	1 3	2 6	6 5	16				
17	M. F.	1576 2228	—	—	—	—	2 1	4 3	28 18	62 73	302 234	485 618	693 1280	276 396	—	—	—	—	1	3	6 6	10 10	39 29	110 114	110 232	17				
18	M. F.	2919 1775	—	—	—	—	—	6 2	105 14	349 64	860 295	983 664	616 735	561 296	—	—	—	—	—	—	12 4	67 11	161 44	189 99	132 138	18				
19	M. F.	143 253	—	—	—	—	—	—	—	1	5	38 23	48 86	44 137	53	—	—	—	—	—	1	2	7 5	16 17	18 29	19				
20	M. F.	1176 1984	—	1 1	—	—	5 4	10 9	22 26	62 65	130 110	260 411	686 1358	224 312	—	—	—	—	—	3 2	6 1	8 6	19 24	64 60	124 218	20				
21	M. F.	535 584	—	—	—	—	—	1 1	9 6	29 14	77 43	141 142	278 377	74 87	—	—	—	—	—	1 2	9 1	15 3	13 7	36 55	21					
22	M. F.	62 76	—	1 1	—	—	—	—	2 3	6 1	8 3	24 17	21 51	14 15	—	1	—	1	—	1	—	1	1	7 2	4 10	22				
23	M. F.	549 621	23 11	59 37	7 7	2 4	— 1	2 5	6 5	29 19	60 46	117 128	244 358	127 122	—	9 7	— 5	— 1	5	—	3 2	9 2	13 9	17 29	71 62	23				
24	M. F.	1041 554	1 —	14 9	2 3	2 3	— —	1 4	6 4	67 22	273 80	381 160	294 269	156 51	—	1 1	1 2	—	—	—	2 1	6 8	43 13	49 26	54 26	24				
25	M. F.	153 66	—	2 1	1 1	2 2	1 3	2 1	2 4	12 10	42 9	52 14	37 21	18 8	1	—	—	—	1	1	—	1	4	6 2	5	25				
26	M. F.	106 69	—	—	—	—	—	1	6	14 3	20 11	27 27	38 28	21 6	—	—	—	—	—	—	—	2 1	4	7 3	8 2	26				
27	M. F.	52 53	3 1	13 7	3	— 1	— 2	1 —	— 2	1 6	6 5	15 11	10 18	5 6	—	1 1	1	—	—	—	—	—	1 1	1 2	—	27				
28	M. F.	59 72	—	—	2	— 1	2 3	3 3	8 3	9 8	8 14	12 14	15 26	17 14	—	—	—	—	1	—	—	2 2	3 2	6 7	—	28				
29	M.	70	—	—	—	—	—	—	—	2	3	22	43	24	—	—	—	—	—	—	—	2	3	19	29					
30	F.	12	—	—	—	—	3	4	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	30					
31	M. F.	112 104	53 54	25 22	9 2	6 5	3 1	3 1	2 4	4 4	3 4	2 6	2 1	25 16	9 6	4 3	6 2	1 1	2	—	2	—	—	—	—	31				
32	M. F.	909 1080	247 188	16 14	10 7	13 10	13 9	14 13	30 26	54 52	106 117	128 203	278 441	153 228	35 28	3	3 2	4 1	2 4	2 5	8 7	8 13	20 26	27 35	41 107	32				
33	M. F.	193 80	—	2	8 4	15 9	43 7	28 1	28 7	19 7	23 12	12 20	13	42 13	—	—	1 1	1 1	9 2	3 1	5	6	9 3	6 3	2	33				
34	M. F.	275 275	3	13 10	10 7	17 6	25 14	14 2	21 7	37 4	34 19	29 44	72 175	49 51	1	—	3	5	3	3 1	4 1	3 3	6 3	10 9	11 31	34				
35	M. F.	124 96	—	—	—	1	5 1	8 5	28 11	19 20	35 23	16 22	12 14	11 13	—	—	—	—	—	4	2 2	4 2	1 5	—	—	35				
36	M. F.	7 6	1	—	—	—	—	1 3	1 1	—	1 2	—	2	1 1	—	—	—	1	—	—	—	—	—	—	—	36				

TABLE 6—ANALYSIS BY AGE-GROUP, SEX AND SITE CLASSIFICATION OF THE NOTIFICATIONS OF TUBERCULOSIS RECEIVED DURING 1963

SITE OF TUBERCULAR INFECTION	0-		1-		5-		10-		15-		20-		25-		35-		45-		55-		65-		TOTAL	
	Both Sexes		Both Sexes		Both Sexes		Both Sexes		Both Sexes		Both Sexes		Both Sexes		Both Sexes		Both Sexes		Both Sexes		Both Sexes		Both Sexes	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Respiratory system—																								
Primary notifications	1	1	23	9	11	12	23	6	4	10	21	22	43	35	78	74	31	105	79	92	52	13	65	412
Inward transfers	—	—	6	3	6	1	7	4	4	8	1	9	56	65	121	38	37	75	21	24	11	5	16	182
Total ...	1	2	17	12	17	13	30	10	8	18	22	31	99	100	199	112	68	180	100	116	63	18	81	594
Meninges and C.N.S.—																								
Primary notifications	1	—	—	1	—	—	—	—	—	—	1	1	1	2	3	—	—	—	—	—	—	—	—	4
Inward transfers	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	1	—	—	1	—	—	—	—	—	—	1	1	1	2	3	—	—	—	—	—	—	—	—	4
Intestines, peritoneum and mesenteric glands—																								
Primary notifications	—	—	—	—	—	—	—	—	—	—	1	1	1	3	4	2	1	4	—	2	1	—	1	7
Inward transfers	—	—	—	—	—	—	—	—	—	—	1	1	2	—	1	1	—	2	—	—	—	—	4	11
Total ...	—	—	—	—	—	—	—	—	—	—	2	2	3	3	5	3	—	6	—	2	—	—	1	23
Bones and joints—																								
Primary notifications	—	—	2	—	2	3	5	—	—	—	1	1	1	2	3	3	1	3	2	4	1	—	1	16
Inward transfers	—	—	—	—	—	3	—	—	—	—	—	—	1	2	2	—	—	—	1	1	—	—	3	26
Total ...	—	—	2	—	2	6	5	—	—	—	1	1	2	4	5	3	—	3	3	5	1	—	4	3
Skin and subcutaneous cellular tissue—																								
Primary notifications	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Inward transfers	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Lymphatic system—																								
Primary notifications	—	—	1	—	1	—	1	1	—	1	2	—	1	1	2	—	1	1	1	1	—	—	—	9
Inward transfers	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1	—	2	3	—	—	—	—	4	
Total ...	—	—	1	—	1	—	1	1	—	1	3	—	2	1	3	—	3	4	—	—	—	—	13	
Genito-urinary system—																								
Primary notifications	—	—	1	—	1	—	1	1	—	1	1	2	4	6	10	4	1	5	—	—	1	1	2	26
Inward transfers	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Total ...	—	—	1	—	1	—	1	1	—	1	1	2	4	6	10	4	1	5	—	—	1	1	2	26
All other sites—																								
Primary notifications	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Inward transfers	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1

SEX	RESPIRATORY TUBERCULOSIS												NON-RESPIRATORY TUBERCULOSIS										TOTAL ALL FORMS	
	AGE GROUPS—YEARS												AGE GROUPS—YEARS										TOTAL ALL FORMS	
	All ages												All ages										TOTAL M. & F.	
	0-	1-	5-	10-	15-	20-	25-	35-	45-	55-	65-	TOTAL M. & F.	0-	1-	5-	10-	15-	20-	25-	35-	45-	55-	65-	TOTAL M. & F.
Primary notifications	M. 1	14	11	6	21	40	43	74	71	79	52	412	M. 1	3	4	2	3	6	8	9	4	3	3	89
F. 1	9	12	4	4	22	28	35	31	21	13	13	189	F. —	1	3	1	4	7	14	4	3	5	1	43
Inward transfers	M. —	3	6	4	1	19	56	38	23	21	11	182	M. —	—	—	—	—	3	1	1	—	—	—	13
F. 1	3	1	1	4	9	33	65	37	14	3	5	175	F. —	—	—	—	—	1	2	3	—	—	—	7
TOTAL	M. 1	17	17	10	22	59	99	112	94	100	63	594	M. 1	3	4	2	3	9	9	10	4	4	3	52
F. 2	12	13	8	8	31	61	100	68	35	16	18	364	F. —	—	—	1	4	8	16	7	3	6	1	102



TABLE 7--ANTENATAL AND POST-NATAL CLINICS

SUMMARY, BY HEALTH DIVISIONS AND DELEGATE DISTRICTS, OF ANTENATAL AND POST-NATAL ATTENDANCES AND OF RELAXATION CLASSES DURING 1963

Health Division No.	No. of clinics at 31st December, 1963	No. of sessions during year conducted by—					Antenatal attendances				Post-natal Attendances		Relaxation classes			
		Medical officers	Midwives	G.P.'s on sessional basis	Hospital medical staff	No. of women attending	No. of attendances	Average attendances per session	Average attendances per individual	No. of women attending	No. of attendances	No. of sessions	No. of women attending	No. of classes at end of year		
1 ...	2	—	1	—	91	551	1,764	19.2	3.2	152	156	46	88	2	290	
2 ...	1	—	23	—	—	73	319	13.9	4.4	—	—	81	194	2	892	
3 ...	4	—	51	—	128	985	3,762	21.0	3.8	343	371	120	291	4	1,367	
4 ...	4	—	—	—	178	1,548	4,927	27.7	3.2	185	185	42	87	2	246	
5 ...	8	439	55	6	80	2,146	9,348	16.1	4.4	43	46	258	465	4	3,113	
6 ...	4	39	160	—	—	495	2,692	13.5	5.4	—	—	—	—	—	—	
7 ...	2	50	—	—	51	340	1,519	15.0	4.5	26	28	36	32	1	128	
8 ...	7	—	—	26	*234	1,330	7,036	31.6	5.3	*434	*499	173	204	4	1,109	
9 ...	5	—	2	55	277	1,091	5,031	15.1	4.6	331	334	98	76	3	383	
10 ...	5	126	77	—	52	763	2,840	11.1	3.7	33	33	112	186	3	892	
11 ...	11	124	76	49	303	2,094	10,539	19.1	5.0	205	217	289	690	6	3,680	
12 ...	7	235	53	—	95	1,333	6,732	17.6	5.1	7	7	233	450	5	2,901	
13 ...	5	118	130	—	22	663	3,473	12.9	5.2	58	77	2	8	1	10	
14 ...	6	127	146	—	—	771	4,657	17.1	6.0	2	3	87	196	4	622	
15 ...	6	451	—	—	46	1,852	8,014	16.1	4.3	177	192	227	369	5	1,992	
16 ...	2	43	51	—	—	418	1,254	13.3	3	82	82	115	309	1	2,245	
17 ...	6	35	84	—	131	1,332	4,011	16.0	3.0	6	6	162	401	4	1,545	
TOTAL ...	85	1,787	909	136	*1,688	17,785	77,918	17.4	4.4	*2,084	*2,236	2,081	4,046	51	21,415	
Delegate District— Crosby M.B. ...	1	7	52	—	42	410	1,675	16.6	4.1	13	21	45	111	1	805	
Huyton-w-Roby U.D.	2	—	—	—	150	399	1,526	10.2	3.8	38	38	49	50	1	238	
Middleton M.B. ...	2	49	170	—	42	772	4,152	15.9	5.4	—	—	46	146	1	901	
Stretford M.B. ...	4	70	36	—	—	244	940	8.9	3.9	9	11	50	207	1	1,254	
TOTAL ...	9	126	258	—	234	1,825	8,293	13.4	4.5	60	70	190	514	4	3,198	
TOTAL— Administrative County	94	1,913	1,167	136	*1,922	19,610	86,211	16.9	4.4	*2,144	*2,306	2,271	4,560	55	24,613	

\*Includes 37 sessions for post-natal purposes only, at which 322 women made 364 attendances.

TABLE 8—CHILD WELFARE CENTRES  
SUMMARY, BY HEALTH DIVISIONS AND DELEGATE DISTRICTS, OF ATTENDANCES DURING 1963

Health Division No.	No. of centres at—		No. of sessions during year	No. of children who attended and were born in—			No. of attendances by children at ages (in years)				Average attendances (all children) per session
	31st December, 1963			1963	1962	1958—61	0—	1—	2-4 (inclusive)		
	1st January, 1963										
1	...	8	209	307	254	340	2,859	645	1,023	21.7	
2	...	19	936	1,449	1,367	2,141	26,977	6,586	7,341	43.7	
3	...	18	856	1,669	1,292	852	23,974	4,000	2,036	35.1	
4	...	31	1,266	2,788	2,361	2,124	46,094	9,548	7,458	49.8	
5	...	17	944	1,676	1,494	1,744	30,896	6,531	7,722	47.8	
6	...	15	685	997	905	1,019	15,374	3,627	4,249	33.9	
7	...	13	632	1,954	1,575	1,106	27,499	4,551	6,463	60.9	
8	...	12	738	1,698	1,467	1,224	24,963	4,441	4,417	45.8	
9	...	17	1,145	2,559	2,061	1,170	37,088	4,080	3,777	39.3	
10	...	12	654	1,406	1,272	1,175	21,113	3,693	2,733	42.1	
11	...	18	1,172	2,524	1,911	1,286	39,519	6,399	3,736	42.4	
12	...	18	1,086	1,921	1,579	1,632	27,211	5,901	4,625	34.7	
13	...	9	385	1,040	756	805	15,583	2,792	3,019	55.6	
14	...	6	556	1,223	1,004	649	19,453	2,365	970	41.0	
15	...	12	853	1,819	1,690	1,798	33,065	6,082	4,007	50.6	
16	...	6	365	1,079	889	590	21,382	3,477	2,368	74.6	
17	...	14	799	1,914	1,415	1,166	30,990	4,964	3,361	49.2	
TOTAL ...	...	236	13,281	28,023	23,292	20,821	444,040	79,682	69,305	44.7	
Delegate District— Crosby M.B. ...	...	4	354	858	594	1,080	12,845	2,869	4,105	56.0	
Huyton-with-Roby U.D.	...	5	357	1,061	672	318	11,497	1,316	1,430	39.9	
Middleton M.B. ...	...	5	374	722	644	362	9,687	1,195	436	30.3	
Stretford M.B. ...	...	4	303	761	699	776	9,762	2,005	1,637	44.2	
TOTAL ...	...	18	1,388	3,402	2,609	2,536	43,791	7,385	7,608	42.4	
TOTAL— Administrative County...	...	254	14,669	31,425	25,901	23,357	487,831	87,067	76,913	44.4	



TABLE 9—CARE OF PREMATURE INFANTS

SUMMARY, BY HEALTH DIVISIONS AND DELEGATE DISTRICTS, OF PREMATURE INFANTS BORN IN 1963 WHOSE MOTHERS WERE NORMALLY RESIDENT IN THE ADMINISTRATIVE COUNTY AREA

If health Division No.	BORN IN HOSPITAL										BORN AT HOME OR IN A NURSING HOME																	
	(a) Nursed entirely there.										(b) Transferred to hospital on or before 28th day.																	
	2 lb. 3 oz. or less			Over 2 lb. 3 oz. to 3 lb. 4 oz.			Over 3 lb. 4 oz. to 4 lb. 15 oz.			Over 4 lb. 15 oz. to 5 lb. 8 oz.			2 lb. 3 oz. or less			Over 2 lb. 3 oz. to 3 lb. 4 oz.			Over 3 lb. 4 oz. to 4 lb. 15 oz.			Over 4 lb. 15 oz. to 5 lb. 8 oz.						
	Total births	Within 24 hours	In 1 and under 7 days	Died	Total births	Within 24 hours	In 1 and under 7 days	Died	Total births	Within 24 hours	In 1 and under 7 days	Died	Total births	Within 24 hours	In 1 and under 7 days	Died	Total births	Within 24 hours	In 1 and under 7 days	Died	Total births	Within 24 hours	In 1 and under 7 days	Died	Total births	Within 24 hours	In 1 and under 7 days	Died
1 ...	—	—	—	—	4	—	—	—	—	4	—	—	10	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
2 ...	10	6	4	—	14	4	—	—	—	23	—	—	44	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
3 ...	3	3	—	—	23	5	1	2	—	28	1	1	42	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
4 ...	10	9	1	—	17	4	3	—	—	43	2	3	91	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—
5 ...	9	6	3	—	21	—	2	—	—	24	—	—	70	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
6 ...	5	4	—	—	11	3	—	—	—	12	—	—	27	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
7 ...	3	3	—	—	26	1	—	—	—	30	3	1	74	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—
8 ...	—	—	—	—	22	4	—	—	—	29	1	—	64	2	—	—	—	—	—	—	1	—	—	—	—	—	—	—
9 ...	12	6	3	—	48	8	2	—	—	52	6	2	112	4	—	—	—	—	—	—	1	—	—	—	—	—	—	—
10 ...	7	7	—	—	22	—	1	—	—	23	2	2	45	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
11 ...	12	10	—	—	34	6	3	—	—	31	1	1	96	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—
12 ...	3	1	1	—	15	4	—	—	—	22	2	—	63	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—
13 ...	4	2	1	—	22	6	2	—	—	24	2	1	30	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—
14 ...	6	6	—	—	16	1	—	—	—	24	—	—	48	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—
15 ...	4	3	1	—	22	1	—	—	—	19	—	—	50	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
16 ...	3	2	1	—	13	1	1	—	—	15	—	—	35	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
17 ...	4	3	—	—	25	2	—	—	—	31	3	1	61	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
TOTAL ...	95	71	15	—	355	50	17	3	434	23	14	—	962	12	9	4	—	—	—	—	3	1	—	—	41	19	48	257
Delegate District— Crosby M.B. ...	5	5	—	—	12	—	—	—	12	—	—	—	28	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Huyton-w-Roby U.D.	7	7	—	—	18	1	1	1	16	1	—	—	24	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Middleton M.B.	5	2	3	—	15	1	1	—	26	5	—	—	28	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Stretford M.B.	—	—	—	—	17	1	2	—	19	—	4	—	27	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL— Admin. County	112	85	18	—	417	53	21	4	507	29	18	—	1069	14	10	4	—	—	—	—	3	1	—	—	47	24	54	305

TABLE 10—MOTHER AND BABY HOMES

SUMMARY BY HEALTH DIVISIONS AND DELEGATE DISTRICTS OF UNMARRIED EXPECTANT AND NURSING MOTHERS FOR WHOM THE COUNTY COUNCIL ACCEPTED FINANCIAL RESPONSIBILITY AND WHO WERE ADMITTED TO HOMES DURING 1963

HOME		*NO. OF CASES ADMITTED—																	Total— Adminis- trative County																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
		FROM HEALTH DIVISION NO.																		FROM DELEGATE DISTRICT			†Others																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17		Total	Crosby M.B.	Huyton- w-Roby U.D.		Middle- ton M.B.	Stret- ford M.B.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
Fylde House of Help, 141, Hornby Road, Blackpool	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...</

\* These normally are expectant mothers. Post-natal cases are included and also shown in brackets. Cases transferred from one home to another are shown against the homes to which they were first admitted.  
† Resident outside Administrative County area but referred by County Children's Committee.



SUMMARY, BY HEALTH DIVISIONS AND DELEGATE DISTRICTS, OF ACCOMMODATION AND ATTENDANCES DURING 1963

Health Division No.	Accommodation and attendances during 1963					Proportion (per cent.) of attendances to places available (all ages)	No. of nurseries	No. of places approved for children at ages (in years)				On registers				On waiting lists	
	No. of nursery days	Total day places available at ages (in years)		Total attendances at ages (in years)				0—	2-4 (inclusive)	0—	2-4 (inclusive)	Social cases		Others		Social cases	Others
		0—	2-4 (inclusive)	0—	2-4 (inclusive)							Ages (in years)	Ages (in years)				
0—	2-4 (inclusive)	0—	2-4 (inclusive)	0—	2-4 (inclusive)	0—	2-4 (inclusive)	0—	2-4 (inclusive)								
1	—	10,178	21,623	6,816	18,852	—	2	—	—	—	—	—	—	—	—		
2	509	4,731	7,719	3,276	5,902	80.7	1	40	85	32	72	11	24	7	22		
3	249	9,065	15,435	7,317	12,497	73.7	2	19	31	2	7	15	30	—	15		
4	490	27,159	48,701	15,260	44,543	80.9	7	37	63	9	18	32	55	1	131		
5	1,712	13,664	27,816	9,425	22,698	78.8	4	111	199	38	57	57	214	11	99		
6	976	6,350	16,510	3,433	13,723	77.4	1	56	114	20	44	29	82	4	48		
7	254	—	—	—	—	75.0	1	25	65	6	24	14	45	2	54		
8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
9	508	5,588	24,892	4,108	17,873	72.1	2	22	98	21	59	6	41	6	44		
10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
11	976	20,740	28,792	13,938	26,590	81.8	4	85	118	34	62	53	81	8	36		
12	238	4,522	7,378	1,443	8,473	83.3	1	19	31	4	13	4	33	18	97		
13	733	11,971	19,301	7,050	17,157	77.4	3	49	79	13	33	24	66	2	108		
14	1,469	18,357	43,578	12,320	37,483	80.4	6	75	178	17	40	58	148	—	129		
15	729	10,923	21,852	7,776	17,489	77.1	3	45	90	22	41	11	61	1	203		
16	991	11,260	32,486	7,701	25,091	75.0	4	46	132	18	44	23	101	—	117		
17	1,478	27,334	46,566	13,993	42,083	75.9	6	111	189	29	62	44	148	5	98		
TOTAL ...	11,312	181,842	362,649	113,856	310,454	77.9	46	740	1,472	265	576	381	1,129	65	1,201		
Delegate District— Crosby M.B. ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Huyton-with-Roby U.D.	764	10,184	22,927	8,607	16,111	74.7	3	40	90	37	65	16	35	—	40		
Middleton M.B. ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Stretford M.B. ...	990	12,382	23,752	7,260	21,059	78.4	4	50	96	25	64	14	45	—	126		
TOTAL ...	1,754	22,566	46,679	15,867	37,170	76.6	7	90	186	62	129	30	80	—	166		
TOTAL— Administrative County ...	13,066	204,408	409,328	129,723	347,624	77.8	53	830	1,658	327	705	411	1,209	65	1,367		

TABLE 12—HEALTH VISITING  
SUMMARY, BY HEALTH DIVISIONS AND DELEGATE DISTRICTS, OF HOME VISITS DURING 1963

Health Division No.	* Cases visited by—										Visits paid by health visitors and tuberculosis visitors									
	Health visitors						T.B. visitors				Expectant mothers	Children under 5 years	Adults (excl. expectant mothers and tuberculous)		Cases		Tuberculosis		Total	
	Children born in			† Aged 65 years or over	† Mentally disordered	†† Discharged from hospital	T.B. house-holds	Infections diseases (other than T.B.)	T.B. house-holds	Under 65			65 and over	Under 65	65 and over	Under 65	65 and over			
	1963	1962	1958-61																	
1	...	554	523	1,454	435 (34)	10 (2)	15 (8)	6	2	177	177	3,366	240	852	931	52	200	5	8,823	
2	...	1,732	2,003	4,603	1,377 (175)	4 (1)	90 (51)	3	23	317	317	22,022	1,479	2,765	612	70	2,877	14	30,934	
3	...	1,980	1,832	3,968	1,104 (152)	31 (2)	213 (98)	6	80	104	104	23,965	640	3,497	466	55	1,049	9	30,870	
4	...	3,627	3,876	8,489	2,171 (146)	62 (5)	221 (39)	—	112	2,572	2,572	42,056	2,664	5,100	2,458	163	1,578	60	55,683	
5	...	2,501	2,192	4,700	584 (21)	14 (2)	217 (7)	—	—	242	242	25,169	1,361	952	2,400	107	1,535	88	33,627	
6	...	1,406	1,967	4,127	1,536 (45)	53 (12)	33 (7)	293	49	—	—	21,452	816	3,265	402	119	302	32	27,373	
7	...	2,838	2,362	6,274	553 (42)	34	25 (16)	10	—	470	470	29,429	1,098	1,816	923	65	1,293	54	35,936	
8	...	2,275	2,485	6,895	1,210 (26)	16 (2)	20 (14)	18	56	534	534	30,524	1,555	2,961	3,039	263	4,351	194	44,651	
9	...	4,026	4,172	12,418	2,650 (97)	91 (9)	197 (51)	513	35	—	—	44,938	2,925	5,975	4,755	430	11,391	233	72,596	
10	...	1,772	1,782	5,444	1,066 (31)	37 (2)	34 (16)	45	29	394	394	20,229	1,293	1,465	1,492	137	1,603	97	27,483	
11	...	3,068	2,656	6,931	1,704 (227)	20 (8)	62 (39)	5	26	567	567	32,210	1,869	3,414	1,736	223	1,753	162	42,717	
12	...	2,114	1,608	3,739	1,604 (21)	24 (9)	33 (8)	12	76	461	461	20,260	880	2,083	1,229	74	1,328	45	27,402	
13	...	1,493	1,216	2,936	876 (6)	3	22 (2)	1	1	381	381	15,493	340	2,285	1,283	108	555	5	20,693	
14	...	1,571	1,451	4,482	855 (68)	13 (3)	13 (6)	6	1	—	—	18,042	978	2,998	200	21	471	11	23,315	
15	...	2,002	1,821	5,607	1,313 (72)	22 (3)	83 (25)	—	25	496	496	20,560	672	3,139	3,161	124	741	13	29,134	
16	...	974	1,080	2,036	414 (20)	10	3 (3)	21	23	419	399	13,311	664	959	858	28	478	4	16,701	
17	...	2,760	2,075	5,670	2,159 (131)	11 (2)	53 (19)	5	6	2,035	906	25,122	1,849	5,383	3,821	175	3,274	241	40,771	
TOTAL	...	36,693	35,101	89,773	21,611(1,314)	455 (62)	1,334(409)	944	544	9,169	18,703	411,148	21,323	49,509	29,766	2,214	34,779	1,267	568,709	
Delegate District—Crosby M.B.	...	1,223	1,097	3,382	623 (18)	36 (3)	26 (14)	16	14	357	226	9,618	240	1,340	736	87	1,560	51	13,858	
Huyton-with-Roby U.D.	...	1,476	1,344	3,965	700 (74)	11 (1)	157 (78)	311	45	4	690	18,728	399	1,910	606	75	1,257	29	23,694	
Middleton M.B.	...	1,057	1,015	3,097	287 (49)	38 (8)	26 (15)	43	27	170	687	17,908	1,420	1,228	252	4	650	3	22,152	
Stretford M.B.	...	1,275	1,320	3,054	404 (22)	35 (1)	17 (11)	—	25	265	360	17,669	721	1,543	947	21	847	1	22,109	
TOTAL	...	5,031	4,776	13,498	2,014 (163)	120 (13)	226(118)	370	111	796	1,963	63,923	2,780	6,021	2,541	187	4,314	84	81,813	
TOTAL—Administrative County	...	41,724	39,877	103,271	23,625 (1,477)	575 (75)	1,560(527)	1,314	655	9,965	20,666	475,071	24,103	55,530	32,307	2,401	39,093	1,351	650,522	

\* The classifications are not comprehensive and other cases which may have been visited are not included. A case which can be classified to more than one category is included under each appropriate heading. No adult case is included unless some advice or service was given.  
† Excludes maternity cases, and persons discharged from men's hospitals.



TABLE 13—HOME NURSING  
ANALYSIS OF COMPLETED CASES BY SEX AND AGE GROUPS—YEAR ENDED 31ST DECEMBER, 1963

Disease or ailment	Total cases (both sexes)		Males										Females													
			0—		5—		15—		45—		65—		All ages		0—		5—		15—		45—		65—		All ages	
	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
Tuberculosis of respiratory system ...	283	0.9	—	—	1	0.2	67	5.0	79	2.7	20	0.4	167	1.5	—	—	1	0.3	78	2.0	25	0.5	12	0.1	116	0.6
Other infective and parasitic diseases ...	575	1.9	23	3.0	15	3.7	53	3.9	48	1.6	44	0.8	183	1.7	21	4.7	18	5.8	114	3.0	99	2.1	140	1.4	392	2.0
Cancer ...	1,864	6.2	1	0.1	5	1.2	35	2.6	299	10.2	456	8.4	796	7.3	1	0.2	1	0.3	86	2.2	406	8.8	574	5.8	1,068	5.6
Diabetes ...	467	1.6	2	0.3	4	1.0	4	0.3	23	0.8	54	1.0	87	0.8	—	—	2	0.6	9	0.2	97	2.1	272	2.7	380	2.0
Anaemias and other blood diseases...	2,794	9.3	6	0.8	2	0.5	30	2.2	104	3.5	342	6.3	484	4.4	1	0.2	3	1.0	529	13.8	533	11.5	1,244	12.5	2,310	12.1
Mental, psychoneurotic disorders ...	163	0.5	—	—	—	—	7	0.5	13	0.4	14	0.3	34	0.3	—	—	—	—	27	0.7	41	0.9	61	0.6	129	0.7
Cerebral haemorrhage, cerebral embolism and thrombosis ...	1,264	4.2	—	—	1	0.2	1	0.1	85	2.9	446	8.2	533	4.9	—	—	1	0.3	—	—	100	2.2	630	6.3	731	3.8
Other diseases of central nervous system ...	1,444	4.8	—	—	2	0.5	28	2.1	138	4.7	368	6.8	536	4.9	—	—	5	1.6	76	2.0	199	4.3	628	6.3	908	4.7
Diseases of eye, ear and mastoid process ...	352	1.2	62	8.1	45	11.1	23	1.7	10	0.3	9	0.2	149	1.4	49	11.0	28	8.9	47	1.2	29	0.6	50	0.5	203	1.1
Diseases of heart and circulatory system ...	2,352	7.8	3	0.4	2	0.5	37	2.7	291	9.9	652	12.0	985	9.1	2	0.4	1	0.3	78	2.0	362	7.8	924	9.3	1,367	7.1
Influenza ...	159	0.5	1	0.1	4	1.0	11	0.8	13	0.4	31	0.6	60	0.6	—	—	4	1.3	14	0.4	32	0.7	49	0.5	99	0.5
Pneumonia ...	596	2.0	29	3.8	7	1.7	28	2.1	66	2.2	132	2.4	262	2.4	13	2.9	5	1.6	44	1.2	66	1.4	206	2.1	334	1.7
Bronchitis ...	1,768	5.9	149	19.5	15	3.7	45	3.3	247	8.4	462	8.5	918	8.4	113	25.4	10	3.2	84	2.2	200	4.3	443	4.5	850	4.4
Other diseases of respiratory system ...	1,048	3.5	50	6.5	40	9.9	149	11.1	105	3.6	89	1.6	433	4.0	48	10.8	40	12.8	304	7.9	124	2.7	99	1.0	615	3.2
Diseases of digestive system...	3,197	10.6	50	6.5	78	19.3	230	17.1	433	14.8	532	9.8	1,323	12.2	56	12.6	78	24.9	385	10.1	530	11.5	825	8.3	1,874	9.8
Diseases of genito-urinary system ...	1,624	5.4	238	31.1	16	4.0	25	1.9	90	3.1	239	4.4	608	5.6	8	1.8	7	2.2	372	9.7	280	6.1	349	3.5	1,016	5.3
Diseases of the skin ...	1,599	5.3	40	5.2	40	9.9	134	9.9	169	5.8	230	4.2	613	5.6	23	5.2	41	13.1	196	5.1	244	5.3	482	4.8	986	5.1
Diseases of bones and organs of movement (including rheumatism and arthritis) ...	905	3.0	2	0.3	7	1.7	32	2.4	57	1.9	95	1.8	193	1.8	—	—	10	3.2	56	1.5	167	3.6	479	4.8	712	3.7
Senility and ill-defined conditions ...	5,100	17.0	18	2.4	43	10.6	263	19.5	557	19.0	1,048	19.3	1,929	17.7	20	4.5	20	6.4	449	11.7	801	17.3	1,881	18.9	3,171	16.6
Burns and scalds ...	480	1.6	62	8.1	18	4.5	38	2.8	22	0.7	35	0.6	175	1.6	57	12.8	11	3.5	46	1.2	67	1.5	124	1.2	305	1.6
Other accidents, injuries, etc. ...	959	3.2	14	1.8	45	11.1	79	5.9	60	2.0	99	1.8	297	2.7	16	3.6	21	6.7	65	1.7	142	3.1	418	4.2	662	3.5
All other conditions ...	1,033	3.4	15	2.0	14	3.5	28	2.1	26	0.9	31	0.6	114	1.0	17	3.8	6	1.9	765	20.0	75	1.6	56	0.6	919	4.8
TOTAL—Administrative County ...	30,026	100	765	100	404	100	1,347	100	2,935	100	5,428	100	10,879	100	445	100	313	100	3,824	100	4,619	100	9,946	100	19,147	100

Note: Percentages are of the total cases of the particular sex/age group.

TABLE 14—HOME NURSING  
ANALYSIS OF COMPLETED CASES BY DURATION OF TREATMENTS, FREQUENCY OF VISITS AND DISPOSAL OF CASES  
YEAR ENDED 31ST DECEMBER, 1963

Disease or ailment	Total No. of cases	Duration of treatment				Disposal of cases															
		Length of treatment (weeks)	Average duration of treatment (weeks)	Total visits		Average No. of visits (day and night)	No. of visits per case per week	Recovered, relieved or convalescent		Admitted to hospital		Died		Gone away		Out-patient X-ray, etc.		Nurse withdrawn		Other	
				Day	Night			No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
Tuberculosis of respiratory system ...	283	6,155.9	21.8	27,492	1	97.1	4.5	176	62.2	43	15.2	8	2.8	19	6.7	2	0.7	34	12.0	1	0.4
Other infective and parasitic diseases ...	575	3,859.3	6.7	14,484	33	25.2	3.8	491	85.4	40	7.0	9	1.6	13	2.3	—	—	22	3.8	—	—
Cancer ...	1,864	16,266.1	8.7	67,244	1,833	37.1	4.3	210	11.3	379	20.3	1,195	64.1	49	2.6	17	0.9	13	0.7	1	0.1
Diabetes ...	467	13,751.9	29.4	71,509	24	153.2	5.2	104	22.3	122	26.1	52	11.1	105	22.5	1	0.2	83	17.8	—	—
Anaemias and other blood diseases ...	2,794	118,574	42.4	142,962	105	51.2	1.2	1,546	55.3	501	17.9	287	10.3	325	11.6	12	0.4	114	4.1	9	0.3
Mental, psychoneurotic disorders ...	163	2,215.5	13.6	4,703	11	28.9	2.1	97	59.5	41	25.2	8	4.9	7	4.3	3	1.8	6	3.7	1	0.6
Cerebral haemorrhage, cerebral embolism and thrombosis ...	1,264	12,780.7	10.1	40,528	164	32.2	3.2	244	19.3	371	29.4	605	47.9	29	2.3	2	0.2	7	0.6	6	0.5
Other diseases of central nervous system ...	1,444	38,128.3	26.4	91,813	137	63.7	2.4	338	23.4	527	36.5	435	30.1	97	6.7	3	0.2	32	2.2	12	0.8
Diseases of eye, ear and mastoid process ...	352	1,272.7	3.6	6,980	7	19.8	5.5	320	90.9	19	5.4	1	0.3	4	1.1	1	0.3	7	2.0	—	—
Diseases of heart and circulatory system ...	2,352	49,335.4	21.0	110,842	210	47.2	2.2	918	39.0	597	25.4	641	27.3	101	4.3	16	0.7	70	3.0	9	0.4
Influenza ...	159	936.9	5.9	2,230	7	14.1	2.4	127	79.9	15	9.4	11	6.9	5	3.1	—	—	1	0.6	—	—
Pneumonia ...	596	2,500.4	4.2	9,630	58	16.3	3.9	384	64.4	94	15.8	112	18.8	3	0.5	—	—	3	0.5	—	—
Bronchitis ...	1,768	8,168.3	4.6	30,689	74	17.4	3.8	1,340	75.8	192	10.9	201	11.4	17	1.0	1	0.1	13	0.7	4	0.2
Other diseases of respiratory system ...	1,048	3,017.1	2.9	17,783	49	17.0	5.9	922	88.0	62	5.9	41	3.9	4	0.4	2	0.2	14	1.3	3	0.3
Diseases of digestive system ...	3,197	15,255	4.8	44,128	101	13.8	2.9	2,481	77.6	341	10.7	112	3.5	36	1.1	203	6.3	22	0.7	2	0.1
Diseases of genito-urinary system ...	1,624	47,092	29.0	42,521	34	26.2	0.9	1,246	76.7	166	10.2	100	6.2	49	3.0	29	1.8	31	1.9	3	0.2
Diseases of the skin ...	1,599	16,457.3	10.3	52,391	51	32.8	3.2	1,216	76.0	222	13.9	81	5.1	43	2.7	15	0.9	19	1.2	3	0.2
Diseases of bones and organs of movement (including rheumatism and arthritis) ...	905	32,449.9	35.9	71,327	24	78.8	2.2	351	38.8	278	30.7	141	15.6	82	9.1	11	1.2	36	4.0	6	0.7
Senility and ill-defined conditions ...	5,100	58,042.7	11.4	129,951	334	25.5	2.2	1,432	28.1	996	19.5	869	17.0	164	3.2	1,543	30.3	75	1.5	21	0.4
Burns and scalds ...	480	2,718.3	5.7	9,152	4	19.1	3.4	391	81.5	61	12.7	14	2.9	8	1.7	3	0.6	1	0.2	2	0.4
Other accidents, injuries, etc. ...	959	9,358	9.8	24,994	62	26.1	2.7	701	73.1	133	13.9	50	5.2	35	3.6	22	2.3	17	1.8	1	0.1
All other conditions ...	1,033	6,384.7	6.2	20,581	22	19.9	3.2	799	77.3	133	12.9	39	3.8	16	1.5	7	0.7	38	3.7	1	0.1
TOTAL—Administrative County	30,026	464,720.1	15.5	1,033,934	3,345	34.5	2.2	15,834	52.7	5,333	17.8	5,012	16.7	1,211	4.0	1,893	6.3	658	2.2	85	0.3

Note : Percentages are of the total cases of the particular disease or ailment.



Health Division No.	TOTAL CASES				DURATION OF TREATMENT							DISPOSAL OF CASES															
	Both sexes	Male		Female		Length of treatment (weeks)	Average duration of treatment (weeks)	Total visits		Average No. of visits (day and night)	Average No. of visits per case per week	Recovered, relieved or convalescent		Admitted to hospital		Died		Gone away		Out-patient X-ray, etc.		Nurse withdrawn		Other			
		No.	Per cent.	No.	Per cent.			Day	Night			No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
1	665	228	34.3	437	65.7	11,287.1	17.0	24,580	55	37.0	2.2	314	47.2	132	19.8	113	17.0	61	9.2	9	1.4	33	5.0	3	0.5		
2	1,825	705	38.6	1,120	61.4	31,817.9	17.4	66,936	44	36.7	2.1	906	49.6	338	18.5	314	17.2	139	7.6	91	5.0	36	2.0	1	0.1		
3	1,980	679	34.3	1,301	65.7	27,946	14.1	61,775	169	31.3	2.2	921	46.5	373	18.8	334	16.9	143	7.2	159	8.0	45	2.3	5	0.3		
4	2,868	1,008	35.1	1,860	64.9	40,953.1	14.3	89,266	576	31.3	2.2	1,573	54.8	405	14.1	487	17.0	134	4.7	207	7.2	51	1.8	11	0.4		
5	2,263	844	37.3	1,419	62.7	32,144.3	14.2	66,221	181	29.3	2.1	1,103	48.7	381	16.8	362	16.0	53	2.3	329	14.5	30	1.3	5	0.2		
6	1,437	534	37.2	903	62.8	30,207.1	21.0	61,805	184	43.1	2.1	556	38.7	329	22.9	305	21.2	55	3.8	145	10.1	41	2.9	6	0.4		
7	1,351	457	33.8	894	66.2	18,891.7	14.0	37,148	39	27.5	2.0	817	60.5	236	17.5	189	14.0	67	5.0	7	0.5	22	1.6	13	1.0		
8	1,757	625	35.6	1,132	64.4	29,756.3	16.9	67,622	187	38.6	2.3	1,041	59.2	266	15.1	266	15.1	27	1.5	135	7.7	22	1.3	—	—		
9	2,415	936	38.8	1,479	61.2	24,496.9	10.1	61,409	468	25.6	2.5	1,720	71.2	363	15.0	234	9.7	51	2.1	6	0.2	35	1.4	6	0.2		
10	1,077	419	38.9	658	61.1	18,293.6	17.0	49,622	110	46.2	2.7	626	58.1	205	19.0	172	16.0	35	3.2	23	2.1	16	1.5	—	—		
11	2,297	869	37.8	1,428	62.2	38,185.4	16.6	73,453	267	32.1	1.9	1,258	54.8	408	17.8	385	16.8	49	2.1	145	6.3	45	2.0	7	0.3		
12	2,081	739	35.5	1,342	64.5	33,235.3	16.0	74,742	178	36.0	2.3	1,073	51.6	386	18.5	319	16.8	75	3.6	155	7.4	40	1.9	3	0.1		
13	1,088	410	37.7	678	62.3	16,257.9	14.9	35,650	17	32.8	2.2	622	57.2	170	15.6	154	14.2	20	1.8	93	8.5	28	2.6	1	0.1		
14	1,059	379	35.8	680	64.2	15,763	14.9	32,335	51	30.6	2.1	577	54.5	197	18.6	200	18.9	46	4.3	21	2.0	18	1.7	—	—		
15	1,200	409	34.1	791	65.9	24,877.4	20.7	53,852	143	45.0	2.2	471	39.3	248	20.7	267	22.3	60	5	109	9.1	43	3.6	2	0.2		
16	671	227	33.8	444	66.2	10,827.3	16.1	27,318	281	41.1	2.6	348	51.9	135	20.1	116	17.3	35	5.2	15	2.2	19	2.8	3	0.4		
17	1,535	580	37.8	955	62.2	21,239	13.8	56,979	144	37.2	2.7	582	37.9	331	21.6	334	21.8	66	4.3	133	8.7	83	5.4	6	0.4		
TOTAL ...	27,569	10,048	36.4	17,521	63.6	426,179.3	15.5	940,713	3,094	34.2	2.2	14,508	52.6	4,903	17.8	4,581	16.6	1,116	4.0	1,782	6.5	607	2.2	72	0.3		
Delegate District—																											
Crosby M.B. ...	468	134	28.6	334	71.4	10,015.9	21.4	21,223	57	45.5	2.1	224	47.9	91	19.4	103	22.0	27	5.8	3	0.6	15	3.2	5	1.1		
Huyton-w.R. U.D.	640	225	35.2	415	64.8	6,384	10.0	19,696	70	30.9	3.1	435	68.0	103	16.1	66	10.3	20	3.1	1	0.2	13	2.0	2	0.3		
Middleton M.B. ...	613	201	32.8	412	67.2	9,571.6	15.6	23,134	88	37.9	2.4	345	56.3	105	17.1	113	18.4	19	3.1	23	3.8	5	0.8	3	0.5		
Stretford M.B. ...	736	271	36.8	465	63.2	12,569.4	17.1	29,168	36	39.7	2.3	322	43.8	131	17.8	149	20.2	29	3.9	84	11.4	18	2.4	3	0.4		
TOTAL ...	2,457	831	33.8	1,626	66.2	38,540.9	15.7	93,221	251	38.0	2.4	1,326	54.0	430	17.5	431	17.5	95	3.9	111	4.5	51	2.1	13	0.5		
TOTAL—Admin. County ...	30,026	10,879	36.2	19,147	63.8	464,720.1	15.5	1,033,934	3,345	34.5	2.2	15,834	52.7	5,333	17.8	5,012	16.7	1,211	4.0	1,893	6.3	658	2.2	85	0.3		

Note : Percentages are of the total cases in the particular area.

TABLE 16—VACCINATION AGAINST SMALLPOX  
SUMMARY, BY HEALTH DIVISIONS AND DELEGATE DISTRICTS, OF VACCINATIONS PERFORMED DURING 1963

Health Division No.		No. of vaccinations and re-vaccinations performed during the year ended 31st December, 1963																									
		At clinics								By general practitioners in course of private practice																	
		By authority's medical staff				By general practitioners on sessional basis				Vaccinations				Re-vaccinations													
		Vaccinations		Re-vaccinations		Vaccinations		Re-vaccinations		Vaccinations		Re-vaccinations		Vaccinations		Re-vaccinations											
0-	5-	15-	0-	5-	15-	0-	5-	15-	0-	5-	15-	0-	5-	15-	0-	5-	15-	0-	5-	15-	0-	5-	15-	0-	5-	15-	Total
1	7	4	1	—	1	1	—	—	—	—	—	—	182	—	18	2	8	62	186	3	4	19	212	2	9	63	74
2	83	66	6	2	53	7	—	—	—	—	—	—	148	15	64	11	47	298	218	13	81	70	382	13	100	305	418
3	203	29	32	8	21	43	—	—	—	—	—	—	127	35	84	16	41	235	305	25	64	116	510	24	62	278	364
4	213	10	11	11	1	38	—	—	—	—	—	—	275	36	101	10	28	191	439	49	46	112	646	21	29	229	279
5	66	9	17	—	1	10	—	—	—	—	—	—	318	57	139	11	9	186	312	72	66	156	606	11	10	196	217
6	137	4	19	1	8	98	—	—	—	—	—	—	67	18	48	—	7	70	169	35	22	67	293	1	15	168	184
7	197	8	2	2	8	42	—	—	—	—	—	—	241	10	27	3	13	68	408	30	18	29	485	5	21	110	136
8	142	22	39	3	6	49	—	—	—	—	—	—	84	12	64	2	9	48	207	19	34	103	363	5	15	97	117
9	743	34	22	2	7	41	—	—	—	—	—	—	220	31	59	6	29	154	918	45	65	81	1,109	8	36	195	239
10	69	2	1	2	—	15	—	—	—	—	—	—	196	25	73	16	19	155	246	19	27	74	366	18	19	170	207
11	154	15	55	4	10	74	—	—	—	—	—	—	107	36	107	7	22	208	226	35	51	162	474	11	32	282	325
12	126	9	4	3	11	42	—	—	—	—	—	—	100	14	52	8	21	225	197	29	23	56	305	11	32	267	310
13	126	6	5	8	23	66	—	—	—	—	—	—	6	—	12	13	—	16	117	15	6	17	155	21	23	82	126
14	146	2	7	5	1	31	—	—	—	—	—	—	114	18	70	14	15	123	232	28	20	77	357	19	16	154	189
15	166	12	9	1	—	5	—	—	—	—	—	—	64	24	70	9	17	205	201	29	36	79	345	10	17	210	237
16	150	3	5	3	—	24	—	—	—	—	—	—	122	15	34	8	21	144	257	15	18	39	329	11	21	168	200
17	96	8	11	6	9	19	—	—	—	—	—	—	97	34	93	8	23	150	162	31	42	104	339	14	32	169	215
TOTAL	2,824	243	246	61	160	605	—	—	—	—	—	—	2,408	380	1,115	144	329	2,538	4,800	492	623	1,361	7,276	205	489	3,143	3,837
Delegate District—																											
Crosby M.B.	79	—	—	—	4	25	—	—	—	—	—	—	155	8	12	2	5	24	224	10	8	12	254	2	9	49	60
Huyton-w.R. U.D.	243	1	4	1	2	1	214	2	3	3	3	3	54	9	19	2	9	65	495	16	12	26	549	3	14	69	86
Middleton M.B.	140	5	12	—	—	6	—	—	—	—	—	—	68	13	57	3	21	101	187	21	18	69	295	3	21	107	131
Stretford M.B.	52	—	3	1	2	—	—	—	—	—	—	—	161	6	22	3	9	104	196	17	6	25	244	4	11	104	119
TOTAL	514	6	19	2	8	32	214	2	3	3	3	—	438	36	110	10	44	294	1,102	64	44	132	1,342	12	55	329	396
TOTAL—Adm'n. County	3,338	249	265	63	168	637	214	2	3	3	3	—	2,906	416	1,225	154	373	2,832	5,902	556	667	1,493	8,618	217	544	3,472	4,233





TABLE 18—IMMUNISATION AGAINST DIPHTHERIA AND WHOOPING COUGH  
SUMMARY, BY HEALTH DIVISIONS AND DELEGATE DISTRICTS, OF IMMUNISATIONS PERFORMED DURING 1963

Health Division No.	AGAINST DIPHTHERIA										AGAINST WHOOPING COUGH									
	No. who completed a full course of primary immunisation					No. who were given a reinforcement injection					No. who completed a full course of primary immunisation					No. who were given a reinforcement injection				
	Total—under 5		10—15		Total—under 15	Under 5		10—15		Total—under 15	Under 1		1—2		Total—under 5	5—10		10—15		Total—under 15
	(a) Under 1	(b) 1963	1962	1959—61		1959—63	1954—58	1949—53	1949—53		1963	1962	1959—61	1959—63		1954—58	1949—53	1949—53	1959—63	
1 ...	196	...	256	19	471	271	364	374	1,009	194	255	18	467	10	—	27	264	477	264	342
2 ...	666	...	684	115	1,465	1,160	1,013	825	2,998	666	679	113	1,458	22	13	49	1,028	1,493	1,028	1,296
3 ...	613	...	894	119	1,626	614	858	534	2,006	610	888	118	1,616	44	4	54	577	1,664	577	1,005
4 ...	970	...	1,338	167	2,475	676	2,092	1,185	3,953	967	1,272	159	2,398	39	5	90	599	2,442	599	910
5 ...	400	...	1,001	119	1,520	97	839	118	1,054	397	985	112	1,494	48	29	54	44	1,571	44	328
6 ...	452	...	517	104	1,073	192	230	13	435	449	514	103	1,066	8	1	10	112	1,075	112	201
7 ...	831	...	1,177	121	2,129	59	1,653	574	2,286	828	1,175	114	2,117	14	12	2	26	2,143	26	278
8 ...	665	...	1,014	84	1,763	124	800	291	1,215	660	979	54	1,693	36	3	13	29	1,732	29	91
9 ...	1,006	...	1,244	121	2,371	52	1,322	216	1,590	997	1,213	113	2,323	244	23	72	42	2,590	42	548
10 ...	667	...	643	60	1,370	268	774	177	1,219	662	636	59	1,357	25	5	111	257	1,387	257	915
11 ...	989	...	1,097	128	2,214	969	1,021	298	2,288	983	1,086	121	2,190	34	5	5	861	2,229	861	1,187
12 ...	706	...	909	81	1,696	937	928	365	2,230	692	903	74	1,669	22	—	28	881	1,691	881	971
13 ...	358	...	474	54	886	722	818	221	1,761	358	473	49	880	7	—	—	464	887	464	470
14 ...	593	...	585	95	1,273	217	647	407	1,271	592	583	94	1,269	10	1	18	153	1,280	153	213
15 ...	719	...	755	64	1,538	1,059	861	294	2,214	716	753	58	1,527	5	—	23	1,007	1,532	1,007	1,156
16 ...	445	...	483	44	972	161	428	459	1,048	431	469	37	937	3	1	12	127	941	127	203
17 ...	757	...	825	94	1,676	272	532	123	927	751	816	83	1,650	16	2	8	231	1,668	231	281
TOTAL	11,033	...	13,896	1,589	26,518	7,850	15,180	6,474	29,504	10,953	13,679	1,479	26,111	587	104	576	6,702	26,802	6,702	10,395
Delegate District—																				
Crosby M.B. ...	252	...	408	82	742	10	711	236	957	250	401	78	729	22	—	3	9	751	9	137
Huyton-with-Roby U.D. ...	293	...	496	153	942	99	776	278	1,153	273	462	85	820	11	1	14	3	832	3	51
Middleton M.B. ...	341	...	396	69	806	215	482	354	1,031	341	391	68	800	9	3	3	200	812	200	228
Stretford M.B. ...	340	...	390	79	809	100	454	53	607	336	379	72	787	25	2	10	91	814	91	152
TOTAL	1,256	...	1,690	383	3,299	424	2,403	921	3,748	1,200	1,633	303	3,136	67	6	30	303	3,209	303	568
TOTAL—Administrative County	12,259	...	15,586	1,972	29,817	8,274	17,583	7,395	33,252	12,153	15,312	1,782	29,247	654	110	606	7,005	30,011	7,005	10,963

(a) Data for 1963 are preliminary.



SUMMARY, BY HEALTH DIVISIONS AND DELEGATE DISTRICTS, OF B.C.G. VACCINATION PROGRAMMES IN SCHOOLS DURING 1963

Health Division No.	No. of schools completed	No. of parents' consent forms			No. of children			Vaccinated		
		Sent to parents	Returned with consent		Tuberculin test performed	Tuberculin test positive			Tuberculin test negative	
			No.	Percentage of forms sent		No.	Percentage of those tested		No.	Percentage of those tested
1	5	512	383	74.8	368	69	18.8	291	79.1	291
2	18	1,778	1,458	82.0	1,261	194	15.4	1,021	81.0	1,005
3	7	860	600	69.8	578	135	23.4	439	76.0	438
4	20	1,852	1,388	74.9	1,330	157	11.8	1,140	85.7	1,123
5	6	543	373	68.7	358	50	14.0	298	83.2	294
6	11	795	557	70.1	537	49	9.1	483	89.9	483
7	12	1,714	1,292	75.4	1,196	143	12.0	1,026	85.8	1,011
8	18	1,474	1,137	77.1	1,060	140	13.2	910	85.8	895
9	12	2,537	1,924	75.8	1,838	473	25.7	1,315	71.5	1,255
10	7	583	372	63.8	358	48	13.4	310	86.6	309
11	21	1,436	1,046	72.8	974	192	19.7	765	78.5	757
12	17	2,132	1,629	76.4	1,558	308	19.8	1,221	78.4	1,215
13	20	1,080	684	63.3	638	133	20.8	492	77.1	467
14	13	704	476	67.6	456	79	17.3	376	82.5	375
15	13	1,442	1,111	77.0	1,004	108	10.8	861	85.8	858
16	7	380	300	78.9	268	10	3.7	249	92.9	248
17	9	1,396	850	60.9	794	43	5.4	721	90.8	719
TOTAL	216	21,218	15,580	73.4	14,576	2,331	16.0	11,918	81.8	11,743
Delegate District— Crosby M.B.	2	258	173	67.1	161	23	14.3	129	80.1	129
Huyton-with-Roby U.D.	1	81	65	80.2	60	5	8.3	53	88.3	52
Middleton M.B....	3	592	365	61.7	331	35	10.6	281	84.9	280
Stretford M.B. ...	5	424	307	72.4	307	28	9.1	279	90.9	279
TOTAL	11	1,355	910	67.2	859	91	10.6	742	86.4	740
TOTAL— Administrative County	227	22,573	16,490	73.1	15,435	2,422	15.7	12,660	82.0	12,483

TABLE 20—CHIROPODY SERVICE—(a) PROVIDED DIRECTLY BY THE COUNTY COUNCIL

Health Division No.	No. of clinics operating at end of year	Total No. of clinic sessions held	ANALYSIS OF TREATMENTS GIVEN—						ANALYSIS OF PATIENTS TREATED—							
			By place of treatment			By class of patient			By place of treatment			By class of patient				
			Clinic	Surgery	Home	Aged persons	Handicapped persons	Expectant mothers	Total	Clinic	Surgery	Home	Aged persons	Handicapped persons	Expectant mothers	
																Total
1	—	—	—	3,151	1,158	4,244	51	14	4,309	—	446	195	628	9	4	641
2	6	590	3,950	58	1,815	5,809	5	9	5,823	1,180	23	149	1,342	3	7	1,352
3	11	1,292	9,255	—	2,955	12,041	168	1	12,210	1,676	—	424	2,085	15	—	2,100
4	5	607	3,841	2,820	6,566	12,852	349	26	13,227	885	468	1,073	2,359	52	15	2,426
5	9	1,734	13,690	—	5,625	19,158	154	3	19,315	2,620	—	1,029	3,616	32	1	3,649
6	3	343	2,272	950	705	3,870	57	—	3,927	812	136	250	1,188	10	—	1,198
7	5	395	3,245	—	713	3,876	75	7	3,958	781	—	159	920	17	3	940
8	5	441	3,380	—	3,184	6,450	114	—	6,564	788	—	481	1,250	19	—	1,269
9	7	620	4,190	—	1,315	5,486	17	2	5,505	674	—	197	865	5	1	871
10	6	346	3,227	928	1,276	5,346	79	6	5,431	642	112	236	979	8	3	990
11	6	65	858	—	—	407	451	—	858	139	—	—	71	68	—	139
12	3	143	1,009	2,290	1,683	4,981	1	—	4,982	259	405	396	1,059	1	—	1,060
13	5	240	2,072	—	1,371	3,235	184	24	3,443	347	—	184	484	31	16	531
14	4	473	5,208	—	1,869	6,989	84	4	7,077	715	—	294	1,005	3	1	1,009
15	3	610	5,082	—	3,907	8,839	136	14	8,989	919	—	431	1,315	24	11	1,350
16	4	264	2,105	—	196	2,281	8	12	2,301	734	—	48	762	8	12	782
17	1	74	595	—	329	914	10	—	924	166	—	85	248	3	—	251
Total	83	8,237	63,979	10,197	34,667	106,773	1,943	122	108,843	13,337	1,590	5,631	20,176	308	74	20,558
Delegate District—																
Crosby M.B. ...	3	217	1,552	—	30	1,580	—	2	1,582	277	—	6	282	—	1	283
Huyton-with-Roby U.D. ...	2	339	2,460	—	979	3,397	38	4	3,439	470	—	152	610	9	3	622
Middleton M.B. ...	1	46	532	628	878	2,016	22	—	2,038	112	87	163	356	6	—	362
Stretford M.B. ...	5	320	2,461	—	31	2,488	—	4	2,492	721	—	11	729	—	3	732
Total	11	922	7,005	628	1,918	9,481	60	10	9,551	1,580	87	332	1,977	15	7	1,999
TOTAL—Administrative County	94	9,159	70,984	10,825	36,585	116,259	2,003	132	118,394	14,917	1,677	5,963	22,153	323	81	22,557





TABLE 22—HOME HELP SERVICE

SUMMARY, BY HEALTH DIVISIONS AND DELEGATE DISTRICTS, OF CASES ATTENDED DURING 1963

Note : The percentages given are of the total numbers of cases in the respective areas.

Health Division No.		Home helps employed at 31st December, 1963		Total No. of cases attended		CATEGORY OF CASE												Chronic sick and aged and infirm (65 years and over)			Illness and others			Total cases attended per 1,000 population (mid-1963)
						Problem families		Confinement		Tuberculosis			Mentally disordered (under 65 years)		Chronic sick (under 65 years)									
						No. of cases	Per cent.	At home	Away from home	No. of cases	Per cent.	Under 65 years	65 years and over	Total	Per cent.	No. of cases	Per cent.	No. of cases	Per cent.	Under 65 years	65 years and over	Total	Per cent.	
1	...	98	44	453	—	—	4	0.9	—	—	—	—	—	1	0.2	15	3.3	392	86.5	37	4	41	9.1	11.4
2	...	310	142	1,355	1	0.1	19	1.4	7	0.5	9	9	18	3	0.2	9	0.7	1,135	83.8	163	—	163	12.0	11.7
3	...	128	60	1,131	—	—	37	3.3	7	0.6	—	—	—	—	—	59	5.2	896	79.2	131	1	132	11.7	8.7
4	...	212	142	1,252	1	0.1	87	6.9	—	—	4	1	5	8	0.7	59	4.7	1,015	81.1	77	—	77	6.2	6.6
5	...	366	192	1,777	—	—	16	0.9	1	0.1	3	2	5	—	—	151	8.5	1,544	86.9	43	17	60	3.4	12.3
6	...	173	90	1,338	—	—	28	2.1	—	—	7	2	9	—	—	92	6.9	1,129	84.4	49	31	80	6.0	14.7
7	...	102	70	757	1	0.1	56	7.6	27	3.7	4	2	6	—	—	57	7.7	480	65.1	84	26	110	14.9	5.7
8	...	338	163	1,370	2	0.1	33	2.4	9	0.7	7	8	15	2	0.1	119	8.7	1,154	84.2	36	—	36	2.6	11.3
9	...	210	132	1,323	5	0.4	48	3.6	18	1.4	8	5	13	1	0.1	43	3.3	1,044	78.9	149	2	151	11.4	7.4
10	...	211	118	1,072	3	0.3	30	2.8	—	—	4	4	8	2	0.2	84	7.8	860	80.2	85	—	85	7.9	11.6
11	...	310	149	1,656	3	0.2	35	2.1	4	0.2	2	3	5	8	0.5	133	8.0	1,435	86.7	33	—	33	2.0	9.2
12	...	197	106	1,487	—	—	41	2.8	20	1.3	3	1	4	—	—	113	7.6	1,224	82.3	85	—	85	5.7	11.1
13	...	118	66	777	—	—	11	1.4	—	—	2	2	4	6	0.8	59	7.6	685	88.2	12	—	12	1.5	10.6
14	...	186	100	1,007	—	—	16	1.6	3	0.3	1	1	2	—	—	14	1.4	876	87.0	94	2	96	9.5	11.7
15	...	236	116	1,059	—	—	42	4.0	2	0.2	1	—	1	—	—	13	1.2	953	90.0	48	—	48	4.5	8.3
16	...	115	52	430	1	0.2	22	5.1	10	2.3	—	—	—	1	0.2	42	9.8	332	77.2	22	—	22	5.1	7.3
17	...	255	138	1,638	—	—	37	2.3	—	—	5	4	9	2	0.1	126	7.7	1,418	86.6	45	1	46	2.8	12.7
Total		3,565	1,881	19,862	17	0.1	562	2.8	108	0.5	60	44	104	34	0.2	1,188	6.0	16,572	83.4	1,193	84	1,277	6.4	9.8
Delegate District—																								
Crosby M.B.	...	61	44	542	—	—	44	8.1	21	3.9	5	4	9	4	0.7	35	6.5	341	62.9	72	16	88	16.2	9.1
Huyton-w-Roby U.D.	...	83	53	451	1	0.2	29	6.4	2	0.4	6	3	9	—	—	47	10.4	287	63.6	74	2	76	16.9	6.7
Middleton M.B.	...	78	42	485	2	0.4	20	4.1	3	0.6	—	—	—	1	0.2	—	—	395	81.4	64	—	64	13.2	8.2
Stretford M.B.	...	196	87	641	—	—	18	2.8	7	1.1	—	—	—	2	0.3	19	3.0	528	82.4	61	6	67	10.6	15.5
Total		418	226	2,119	3	0.1	111	5.2	33	1.6	11	7	18	7	0.3	101	4.8	1,551	73.2	271	24	295	13.9	8.6
TOTAL—Admin. County		3,983	2,107	21,981	20	0.1	673	3.1	141	0.6	71	51	122	41	0.2	1,289	5.9	18,123	82.4	1,464	108	1,572	7.2	9.7



No. of cases in which home help was provided—

Category	No. of cases attended		No. of hours of service	No. of case days	On days during week							For total hours during week				
					1	2	3	4	5	6	7	Under 6	6—	10—	14—	18—
	Male	Female														
SPECIAL CASES—																
Problem families	—	4	54	15	—	2	—	—	1	1	—	—	2	—	1	1
CONFINEMENTS—																
At home	—	24	321	71	8	4	2	2	7	1	—	7	4	2	2	9
Away from home	—	14	172	52	2	2	3	—	5	2	—	2	5	1	4	2
TUBERCULOSIS—																
Aged 65 years and over	13	22	195	71	12	15	5	1	2	—	—	16	15	4	—	—
Aged under 65 years	13	36	355	125	11	21	8	1	4	4	—	17	23	3	4	2
MENTALLY DISORDERED—																
Aged under 65 years	3	21	200	67	6	8	3	—	6	1	—	10	10	—	—	4
CHRONIC SICK—																
Aged under 65 years	106	654	5,232	1,936	218	283	90	20	103	35	11	324	307	63	30	36
CHRONIC SICK, AGED AND INFIRM—																
Aged 65 years and over	2,008	10,966	78,226	29,151	4,618	5,117	1,191	196	1,285	452	115	6,168	5,325	894	307	280
ILLNESS AND OTHERS—																
Aged 65 years and over	4	15	164	58	5	6	2	—	1	5	—	6	7	3	2	1
Aged under 65 years	45	470	3,585	1,195	190	171	57	10	71	15	1	220	206	48	16	25
All categories— Week ended 7th December, 1963	2,192	12,226	88,504	32,741	5,070	5,629	1,361	230	1,485	516	127	6,770	5,904	1,018	366	360
Week ended 8th December, 1962	2,038	11,160	83,832	30,504	4,497	5,162	1,319	224	1,306	530	160	5,883	5,556	1,028	341	390

TABLE 24—MENTAL HEALTH SERVICE

ATTENDANCES AT COUNTY COUNCIL TRAINING CENTRES AND SPECIAL CARE UNITS DURING 1963

Health Division No.	Location of centre	Attendances during 1963			Position at 31st December, 1963		Remarks
		Total day places nominally available	Total attendances	Proportion (per cent.) of attendances to nominal places available	No. of places nominally available	No. on register	
	<i>Junior and Mixed Centres</i>						
1	Ulverston ... ..	3,384	2,718	80·3	18	17	
2	Lancaster ... ..	11,340	8,982	79·2	60	59	
3	Kirkham ... ..	12,120	10,125	83·5	60	67	
4	Chorley ... ..	12,000	10,681	89·0	53	62	
5	Accrington ... ..	7,164	6,417	89·6	36	38	
6	Nelson ... ..	9,900	8,253	83·4	50	58	
7	Burscough ... ..	11,820	6,672	56·4	60	42	
	Crosby ... ..	14,775	10,877	73·6	75	72	
8	*Hindley ... ..	11,580	6,450	55·7	60	40	
9	Huyton ... ..	15,760	13,992	88·8	80	93	
	Widnes ... ..	9,750	8,024	82·3	50	46	
10	Newton-le-Willows ...	9,750	8,972	92·0	50	62	
11	Atherton ... ..	9,950	8,579	86·2	50	51	
	Farnworth ... ..	7,236	4,692	64·8	36	25	
12	Prestwich ... ..	9,800	8,721	89·0	50	48	
	Rawtenstall ... ..	11,820	10,345	87·5	60	62	
14	*Chadderton ... ..	15,936	13,131	82·4	83	72	
15	Swinton ... ..	6,960	5,156	74·1	40	36	
16	*Stretford ... ..	11,940	4,805	40·2	60	31	
17	Ashton-under-Lyne...	11,940	8,281	69·4	60	53	
	TOTAL ...	214,925	165,873	77·2	1,091	1,034	
	<i>Adult Centres</i>						
8	Hindley ... ..	7,560	4,649	61·5	60	50	Opened 20th May
9	Huyton ... ..	18,640	20,782	111·5	80	114	
11	Atherton ... ..	13,920	16,516	118·6	60	78	
13	Wardle ... ..	13,560	5,354	39·5	60	32	Opened 7th January
14	Chadderton ... ..	4,380	3,768	86·0	60	55	Opened 2nd Sept.
15	Eccles ... ..	11,100	7,626	68·7	60	57	
16	Urmston ... ..	12,900	8,330	64·6	60	49	Opened 21st January
17	Droylsden ... ..	9,160	6,989	76·3	40	43	
	TOTAL ...	91,220	74,014	81·1	480	478	
	<i>Special Care Unit</i>						
15	Eccles ... ..	4,140	3,476	84·0	20	22	
	TOTAL—ALL CENTRES ...	310,285	243,363	78·4	1,591	1,534	

\* Re-classified to exclusively junior centre on opening of adult centre in same health division.



TABLE 25—MENTAL HEALTH SERVICE  
ANALYSIS OF PERSONS UNDER THE CARE OF THE COUNTY COUNCIL AT 31ST DECEMBER, 1963

	Mentally ill						Psychopath						Subnormal						Severely subnormal						Totals						Grand Total
	Under 16 yrs.			16 yrs. and over			Under 16 yrs.			16 yrs. and over			Under 16 yrs.			16 yrs. and over			Under 16 yrs.			16 yrs. and over			Under 16 yrs.			16 yrs. and over			
	M		F	M		F	M		F	M		F	M		F	M		F	M		F	M		F	M		F	M		F	
1(a) Total numbers of persons under care at 31st December, 1963	8	2	2,000	3,035	—	—	4	1	150	127	623	614	401	306	405	409	559	435	3,032	4,059	8,085										
(b) Attending training centres	—	—	10	7	—	—	1	—	131	104	165	181	297	230	201	191	428	334	377	379	1,518										
(c) On waiting list for training centres*	—	—	17	21	—	—	—	—	5	9	109	85	28	28	109	92	33	37	235	198	503										
(d) Resident in County Council hostel	—	—	—	1	—	—	—	—	—	—	9	9	—	—	6	3	—	—	15	13	28										
(e) On waiting list for residence in County Council hostels†	—	—	4	6	—	—	—	—	7	5	48	11	8	4	5	3	15	9	57	20	101										
(f) Resident at County Council expense in other residential homes or hostels	—	—	4	5	—	—	—	—	8	3	25	3	5	2	8	1	13	5	37	9	64										
(g) Other persons than those in (b) to (f) who are receiving home visits	8	2	1,965	2,995	—	—	3	1	1	6	267	335	63	42	84	119	72	50	2,319	3,450	5,891										
2. Persons on waiting list for hospital care—																															
(a) Urgent cases	—	—	2	8	—	—	—	—	2	4	4	6	25	15	4	14	27	19	10	28	84										
(b) Non-urgent cases	—	—	—	4	—	—	—	—	5	—	6	2	26	11	9	8	31	11	15	14	71										
3. Persons admitted for temporary residential care—																															
(a) To National Health Service hospitals	—	—	1	5	—	—	—	—	7	6	10	8	52	50	30	32	59	56	41	45	201										
(b) Elsewhere	—	—	—	—	—	—	—	—	5	11	1	12	39	36	3	17	44	47	4	29	124										
4. Sources of information in respect of cases referred to the County Council during 1963—																															
(a) General practitioners	4	3	609	869	—	—	—	1	—	1	2	11	3	4	2	6	7	8	613	887	1,515										
(b) Hospitals, on discharge	2	3	696	1,212	—	—	2	1	—	—	19	15	1	—	8	4	3	3	725	1,232	1,963										
(c) Hospitals, out-patients	2	—	121	256	—	—	—	—	—	—	2	2	1	—	—	—	3	—	123	258	384										
(d) Local education authorities	—	—	—	—	—	—	—	—	28	22	3	4	39	36	2	1	68	58	5	5	136										
(e) Police and courts	—	1	64	65	—	—	—	—	—	—	3	2	15	5	—	1	16	6	67	68	157										
(f) Other sources	2	2	219	383	—	—	1	—	15	16	58	59	28	21	17	21	45	39	295	463	842										

\* Excludes County cases attending other authorities' or other bodies' centres.

† Includes only a few of the persons in hospitals who are considered suitable for transfer to County Council hostels.

TABLE 26—MEDICAL EXAMINATIONS  
SUMMARY BY HEALTH DIVISIONS AND DELEGATE DISTRICTS OF MEDICAL EXAMINATIONS CARRIED OUT BY COUNTY COUNCIL MEDICAL STAFFS DURING 1963

Health Division No.	Medical examinations undertaken in respect of—										Total medical examinations		
	Fitness for job— County Council employees			Fitness to enter other local authorities' superan- uation schemes	Fitness to enter other local authorities' sickness pay schemes	Fitness to resume work— County Council employees	Children in care of Children's Committee	Entry to teachers' training colleges	Entrants to teaching profession (form 28 R.Q.)	Mental Health Act, 1959		Others	
	No. of Forms M.E.5 scrutinised	*Medical examina- tions carried out as a result of scrutiny of forms M.E.5	Posts requiring compulsory examina- tion										
1	...	133	4	35	2	—	4	41	25	2	—	—	113
2	...	185	18 (2)	55	7	—	7	89	80	—	32	—	290
3	...	432	24 (1)	46	7	—	5	154	95	16	—	2	350
4	...	520	173(52)	61	14	—	18	234	178	30	7	—	767
5	...	384	46 (1)	95	130	65	25	142	141	—	2	†379	1,026
6	...	323	35 (1)	44	35	7	42	118	58	17	3	—	360
7	...	398	65 (5)	17	3	—	5	53	86	13	3	8	258
8	...	401	10 (3)	14	6	—	5	111	82	17	9	—	257
9	...	667	90(13)	29	2	—	3	154	127	122	53	—	593
10	...	448	62	6	7	—	1	106	62	—	1	9	254
11	...	564	17	66	4	—	—	192	125	71	—	†1,302	1,777
12	...	332	18	40	14	—	12	126	148	—	8	—	366
13	...	35	6	28	3	2	3	53	39	29	3	60	226
14	...	217	11	13	1	—	2	31	79	19	3	—	159
15	...	505	5 (1)	65	75	—	6	104	91	30	6	—	383
16	...	169	17	18	22	—	—	43	43	—	—	—	143
17	...	155	42	92	5	—	4	65	82	—	8	—	298
Delegate District—													
Crosby M.B.	...	76	4 (2)	10	2	—	—	11	56	—	4	56	145
Huyton-with-Roby U.D.	...	127	22	129	—	—	2	135	40	34	10	—	372
Middleton M.B.	...	201	4	8	15	—	—	74	46	43	—	—	190
Stretford M.B.	...	266	26	44	3	—	1	40	45	—	—	—	159
TOTAL—Administrative County	...	6,538	699(81)	915	357	74	145	2,076	1,728	443	152	1,816	8,486

\* In addition, examinations were carried out of employees referred by C.M.O.H. (Central Office). These are shown in brackets.  
† Includes 327 in respect of day nurseries. ‡ Boothstown Renand Home.





TABLE 27—continued.

Health Div. No.	Home	* Accommodation capacity at 31st Dec., 1963		Cases which were County Council responsibility										Cases which were responsibility of other Local Authorities										
		No. at 31st Dec., 1963		Admissions		Discharges		Deaths		No. at 31st Dec., 1963		Admissions		Discharges		Deaths		No. at 31st Dec., 1963						
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.					
6	Stanley Villas, Albert Road, Colne	...	...	14	—	14	—	1	—	2	—	—	—	—	13	—	—	—	—	—	—	—	—	—
	Andrew Smith House, Marsden Hall Road, Nelson	...	...	32	18	32	17	19	6	12	1	8	18	31	—	—	—	—	—	—	—	—	—	—
	Marles Hill, Wheatley Lane, Barrowford	...	...	15	12	15	12	3	1	2	2	1	11	15	—	—	—	—	—	—	—	—	—	—
	Higher Trapp, Simonstone	...	...	10	16	10	14	6	13	6	4	1	14	9	—	—	—	—	—	—	—	—	—	—
	Woodside, Padiham	...	...	32	18	31	18	14	15	8	3	4	17	33	—	—	—	—	—	—	—	—	—	—
7	Marbenthe, Marine Terrace, Waterloo	...	...	15	7	15	7	2	3	1	—	2	7	14	—	—	—	—	—	—	—	—	—	—
	Sefton House, Junction Lane, Burscough	...	...	16	13	16	12	4	6	4	3	—	12	16	—	—	—	—	—	—	—	—	—	—
	Eskdale, Birkdale, Southport	...	...	24	10	21	10	11	—	9	—	—	10	23	—	—	—	—	—	—	—	—	—	—
	Whinbrook House, Maghull	...	...	29	21	30	20	16	13	14	2	3	20	29	—	—	—	—	—	—	—	—	—	—
	Burtholme, Chorley Road, Worthington	...	...	—	19	—	16	—	8	4	—	2	18	—	—	—	—	—	—	—	—	—	—	—
8	Thorley House, Atherton Road, Hindley	...	...	17	22	17	20	8	4	5	1	3	22	17	—	—	—	—	—	—	—	—	—	—
	Alma Green, Up Holland	...	...	23	12	23	11	7	7	7	2	1	12	22	—	—	—	—	—	—	—	—	—	—
	High Carrs, Broadgreen Road, Huyton-w-Roby	...	...	18	10	19	8	20	1	14	—	7	9	18	—	—	—	—	—	—	—	—	—	—
	Huyton Quarry Manor, Manor Farm Road, Huyton-with-Roby	...	...	28	22	31	18	24	11	19	4	3	18	33	—	—	—	—	—	—	—	—	—	—
	Ethel Hanley House, Coronation Drive, Widnes	...	...	25	25	29	19	18	14	15	2	3	20	29	—	—	—	—	—	—	—	—	—	—
9	Fazakerley House, Park Road, Prescott	...	...	25	10	22	9	34	7	23	—	4	8	29	—	—	—	—	—	—	—	—	—	—
	Golborne House, Derby Road, Golborne	...	...	27	23	24	23	19	14	13	3	3	23	27	—	—	—	—	—	—	—	—	—	—
	Hourigan House, Myrtle Avenue, Leigh	...	...	25	25	26	23	15	14	17	1	1	24	23	—	—	—	—	—	—	—	—	—	—
	Winifred Kettle House, Westhoughton	...	...	25	25	27	22	29	16	24	1	4	20	28	—	—	—	—	—	—	—	—	—	—
	The Wilfred Geere House, Farnworth	...	...	22	13	—	—	34	22	11	9	1	3	10	22	—	—	—	—	—	—	—	—	—



TABLE 27—continued.

Health Div. No.			* Accommodation capacity at 31st Dec., 1963			Cases which were County Council responsibility										Cases which were responsibility of other Local Authorities										
						No. at 31st Dec., 1962		Admissions		Discharges		Deaths		No. at 31st Dec., 1963		No. at 31st Dec., 1962		Admissions		Discharges		Deaths		No. at 31st Dec., 1963		
Home			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	No. at 31st Dec., 1963	Deaths	No. at 31st Dec., 1963	
12	Hazelhurst, Ramsbottom ...	...	...	9	9	5	4	4	3	2	2	8	8	—	—	—	—	—	—	—	—	—	—	—	—	—
	Croich Hey, Hawkshaw ...	...	...	10	12	4	7	2	4	4	2	10	16	1	—	1	—	—	—	1	—	—	—	1	—	
	Redcliffe, Prestwich ...	...	...	14	14	4	8	3	3	1	5	14	18	—	1	—	—	—	—	—	—	—	—	1	—	
	Horncliffe House, Rawtenstall ...	...	...	10	12	8	15	8	9	3	3	9	28	—	—	—	—	—	—	—	—	—	—	—	—	
	Red Bank House, Radcliffe...	...	...	20	20	4	15	4	14	1	3	19	29	—	—	—	—	—	—	—	—	—	—	—	—	
13	Ravengarth, Helmshore ...	...	...	14	16	8	15	10	10	—	4	14	36	—	—	—	—	—	—	—	—	—	—	—	—	
	Oaklands, Rochdale Road, Milnrow ...	...	...	—	12	—	—	—	—	—	—	—	12	—	—	—	—	—	—	—	—	—	—	—	—	
	Brooklyn, Rochdale Road, Heywood ...	...	...	12	9	3	2	2	2	3	1	10	8	—	—	—	—	—	—	—	—	—	—	—	—	
	Olive House, Bacup ...	...	...	5	5	1	5	1	1	—	4	5	9	—	—	—	—	—	—	—	—	—	—	—	—	
	Birch View, Wardle ...	...	...	14	17	4	21	2	14	5	3	14	36	—	—	—	—	—	—	—	—	—	—	—	—	
14	Claremont, 78 Windsor Road, Oldham ...	...	...	—	17	—	7	—	7	—	—	—	17	—	—	—	—	—	—	—	—	—	—	—	—	
	Schofield House, Middleton...	...	...	14	13	8	11	3	8	5	7	13	28	—	—	—	—	—	—	—	—	—	—	—	—	
	The Coppice, 84 Windsor Road, Oldham ...	...	...	16	6	6	3	4	4	1	—	16	5	—	—	—	—	—	—	—	—	—	—	—	—	
	Broadway House, Chadderton ...	...	...	14	13	14	16	13	14	—	—	14	37	1	1	—	—	—	—	—	—	—	1	1	1	
	Laburnum House, Crompton ...	...	...	12	12	14	24	12	22	1	2	13	24	—	2	—	—	1	—	—	—	—	—	—	—	
15	Saxonside, Middleton ...	...	...	12	—	13	32	3	6	1	1	9	25	—	—	—	3	—	—	—	—	—	—	—	3	
	Gilda Brook, Preston Avenue, Eccles ...	...	...	25	12	7	23	5	16	4	4	10	39	—	—	—	—	—	—	—	—	—	—	—	3	
	The Limes, Moorfield Close, Swinton ...	...	...	14	11	8	25	9	20	—	5	10	23	1	—	—	—	—	—	—	—	—	—	—	1	
	Grangethorpe, 98-100 Talbot Road, Stretford ...	...	...	9	16	6	9	5	8	1	1	8	16	—	—	—	—	—	—	—	—	—	1	—	—	
	The Harry Lord House, Old Trafford ...	...	...	20	20	18	24	14	18	4	5	20	30	—	—	—	—	—	—	—	—	—	—	—	—	
16	The Katharine Lowe House, Davyhulme ...	...	...	12	39	4	13	3	10	—	1	12	41	—	—	—	—	—	—	—	—	—	—	—	—	
	Holme Lea, Astley Road, Stalybridge ...	...	...	8	10	5	9	1	6	4	1	8	12	—	—	—	—	—	—	—	—	—	—	—	—	
	Sunnyside, Sunnyside Road, Droylsden ...	...	...	12	24	5	21	8	17	—	2	9	26	—	—	—	—	—	—	—	—	—	—	—	—	
	TOTAL ...	...	...	890	1,427	792	1,386	473	814	332	585	104	152	829	1,463	9	14	4	4	2	4	2	1	9	13	

Variable in most cases according to need for male or female accommodation.

† A further 20 places are available at this Home for short stay cases.

‡ A further 10 places are available at this Home for short stay cases.







TABLE 29—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES  
ACCOMMODATION PROVIDED DURING THE YEAR 1963 (continued)—

(2) In former Public Assistance Institutions, etc.—(a) Managed by the Lancashire County Council and administered by the Divisional Health Committee—

Health Division No.	Name of establishment	Cases which were County Council responsibility										Cases which were responsibility of other Local Authorities									
		Under S.21(1)(a)										Under S.21(1)(b)									
		No. at 31st Dec. 1962					No. at 31st Dec. 1963					No. at 31st Dec. 1962					No. at 31st Dec. 1963				
		M.	F.	M.	F.	M.	M.	F.	M.	F.	M.	M.	F.	M.	F.	M.	M.	F.	M.	F.	No. at 31st Dec. 1963
1	27 Stanley Street, Ulverston	—	—	27	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3	†The Highlands, Wesham	50	80	32	46	21	22	17	6	2	8	34	54	—	5	—	—	—	—	—	—
11	†Atherleigh Grange, Leigh Road, Leigh	54	74	50	55	20	56	12	19	5	19	53	73	—	—	—	—	—	—	—	—
17	Lakeside, Ashton-under-Lyne	72	76	71	66	45	42	25	27	21	13	70	68	3	1	25	32	25	30	—	—
	TOTAL ...	176	230	180	167	91	120	86	52	28	40	157	195	4	6	27	37	27	38	—	—

\* Nominal accommodation frequently exceeded owing to pressure of admissions.

† In addition four accompanied children were admitted as a temporary expedient until other arrangements could be made.





TABLE 31—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES  
ACCOMMODATION PROVIDED DURING THE YEAR 1963 (*continued*)—

(3) In establishments managed by Voluntary Organisations (residents normally belonging to the Administrative County area)—

(a) Other than Homes for the Blind

[illegible]





TABLE 31—continued.

Voluntary organisation	Name and address of establishment	No. at 31st Dec., 1962		Admissions		Discharges		Deaths		No. at 31st Dec., 1963	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Peacehaven House Committee	115 Roe Lane, Southport	—	4	—	1	—	2	—	1	—	2
Pentecostal Eventide Housing Association	Melbourne House, Wakefield	—	2	—	—	—	1	—	1	—	—
St. Elizabeth's Home for Epileptics	St. Elizabeth's Home, Much Hadham	—	1	—	—	—	—	—	—	—	1
St. Joseph's Convent	Hilton Hall, Wolverhampton	—	—	—	1	—	—	—	—	—	1
St. Joseph's Hospital	St. Joseph's Hospital, Manchester	—	1	—	—	—	—	—	—	—	1
Salvation Army Eventide Homes	Blenheim House, Oldham	—	3	—	3	—	—	—	—	—	5
	Dewdown House, Weston-super-Mare	—	1	—	—	—	1	—	1	—	—
	Elizabeth Walker Home, Orrell Hey, Bootle	—	6	—	1	—	—	—	1	—	6
	Holm Hill, West Kirby	—	2	—	—	—	—	—	—	—	1
	Holt House, Prestwich	—	8	—	1	—	3	—	3	—	3
	Laurel Bank, Salford	—	4	—	3	—	1	—	2	—	4
	Mary Fowler Home, Allerton, Liverpool	—	3	—	1	—	—	—	1	—	3
	Mildred Duff Memorial Home, North Walsham	—	—	—	—	—	—	—	—	—	—
	The Hawthorns, Buxton	1	—	—	—	—	—	—	—	1	—
Sisters of Charity of Jesus and Mary...	Wicksted Hall, Whitechurch	—	1	—	—	—	—	—	—	—	1
	Sunnyside, Edinburgh	—	—	—	—	—	—	—	—	—	—
	Stella Matutina Convent, Ansdell	—	—	—	—	—	—	—	—	—	—
Society of Friends	Holly Mount Convent, Tottington	—	6	—	6	—	—	—	—	—	1
Society of Friends of Foreigners in Distress...	Beechville, Lostock Park, Bolton	1	30	—	11	1	12	—	3	—	12
Stapely Home for Aged Jews...	Libury Hall, Munden, Herts.	5	—	—	3	—	—	—	—	5	3
Stone Bower Fellowship	Stapely, Liverpool 18	—	2	—	—	—	1	—	—	—	1
Turner Memorial Home of Rest	The Cove, Silverdale	—	1	—	—	—	—	—	—	—	1
Urmston Housing Association	Turner Memorial Home, Dingle Head, Liverpool	7	13	2	4	—	2	—	1	9	14
	Ann Challis Eventide Home, Urmston	5	—	—	—	—	—	—	—	5	—
Women's Voluntary Services Residential Clubs	Haylands Eventide Home, Urmston	—	24	—	2	—	1	—	2	—	23
	Aroona, Limpley Stoke	12	—	—	—	—	—	—	—	14	—
Yorkshire Association for the Care of Cripples	58 Elsworth Road, Hampstead	—	1	—	—	—	—	—	—	—	1
	St. George's Training Centre, Harrogate	1	1	2	—	1	1	—	—	2	—
	TOTAL ...	188	401	84	124	38	73	31	59	203	393





TABLE 33—HOUSING

SUMMARY OF WORK CARRIED OUT DURING THE YEAR 1963

URBAN DISTRICTS		NEW HOUSES ERECTED DURING YEAR						DEFECTIVE AND UNFIT DWELLINGS							
		Total		By Local Authority		By Other Local Authorities		By Other Bodies or Persons		Total No. inspected for housing defects	No. of inspections made for the purpose	No. of defective houses rendered fit	No. demolished during year	Unfit dwellings	
		Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats					No. remaining at end of year	In respect of which clearance, etc., orders have been made
Abram ...	...	4	20	2	20	—	—	2	—	306	492	170	21	—	56
Accrington (B) ...	...	45	—	—	—	—	—	45	—	945	1,394	635	—	34	791
Adlington ...	...	14	—	—	—	—	—	14	—	167	292	168	—	—	12
Ashton-in-Makerfield ...	...	354	—	137	—	—	—	217	—	537	1,068	188	77	12	110
Ashton-under-Lyne (B) ...	...	183	228	108	228	—	—	75	—	2,059	5,028	564	298	15	*
Aspull ...	...	79	—	22	—	—	—	57	—	424	583	155	22	—	380
Atherton ...	...	59	—	30	—	—	—	29	—	387	504	200	69	59	35
Audenshaw ...	...	—	—	—	—	—	—	—	—	4,324	5,400	98	14	—	—
Bacup (B) ...	...	18	—	12	—	—	—	6	—	613	1,043	63	63	61	1,671
Barrowford ...	...	12	—	—	—	—	—	12	—	142	265	140	12	—	235
Billinge and Winstanley ...	...	220	—	—	—	—	—	220	—	*	*	—	1	2	84
Blackrod ...	...	44	—	—	—	—	—	44	—	84	104	23	12	6	—
Brierfield ...	...	24	—	—	—	—	—	24	—	191	254	134	1	—	—
Carnforth ...	...	5	—	—	—	—	—	5	—	20	36	—	—	—	—
Chadderton ...	...	65	—	50	—	—	—	15	—	2,885	4,615	175	66	165	300
Chorley (B) ...	...	58	8	8	8	—	—	50	—	464	1,574	509	86	—	119
Church ...	...	12	—	—	—	—	—	12	—	64	86	8	—	4	26
Clayton-le-Moors ...	...	—	—	—	—	—	—	—	—	24	61	18	10	—	36
Clitheroe (B) ...	...	94	—	4	—	—	—	90	—	362	375	30	47	40	—
Colne (B) ...	...	13	4	2	4	—	—	11	—	374	1,133	155	28	—	404

\*Not available.

\*Not available



TABLE 33—continued.

URBAN DISTRICTS			NEW HOUSES ERECTED DURING YEAR								DEFECTIVE AND UNFIT DWELLINGS					
			Total		By Local Authority		By Other Local Authorities		By Other Bodies or Persons		Total No. inspected for housing defects	No. of inspections made for the purpose	No. of defective houses rendered fit	Unfit dwellings		
														No. demolished during year	In respect of which clearance, demolition, etc., orders have been made	In respect of which orders have not yet been made
			Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats						
Crompton ...	...	...	231	—	15	—	—	—	216	—	474	1,307	99	22	33	274
Crosby (B)...	...	...	33	63	—	12	—	—	33	51	3,386	7,437	1,787	9	1	*
Dalton-in-Furness	...	...	37	—	14	—	—	—	23	—	43	109	22	—	15	2
Darwen (B)	...	...	56	24	8	24	—	—	48	—	119	339	6	108	33	98
Denton ...	...	...	184	6	62	—	12	—	110	6	1,282	2,409	123	67	1	150
Droylsden ...	...	...	39	—	—	—	—	—	39	—	233	400	184	6	23	584
Eccles (B) ...	...	...	46	6	22	6	—	—	24	—	4,817	9,926	282	225	23	1,835
Failsworth...	...	...	217	20	12	20	—	—	205	—	365	930	181	55	12	92
Farnworth (B)	...	...	47	12	39	12	—	—	8	—	750	2,103	188	102	97	293
Fleetwood (B)	...	...	78	16	—	16	—	—	78	—	1,099	1,323	113	34	48	—
Formby ...	...	...	246	10	—	—	—	—	246	10	143	210	146	6	11	12
Fulwood ...	...	...	126	16	—	16	—	—	126	—	246	401	205	2	—	—
Golborne ...	...	...	183	1	12	—	—	—	171	1	393	1,098	179	89	5	51
Grange ...	...	...	28	—	—	—	—	—	28	—	75	107	61	—	—	—
Great Harwood ...	...	...	10	—	—	—	—	—	10	—	86	168	34	3	3	89
Haslingden (B)	...	...	19	—	8	—	—	—	11	—	295	519	41	6	181	—
Haydock ...	...	...	36	—	—	—	—	—	36	—	370	830	326	—	11	28
Heywood (B)	...	...	387	218	—	—	374	218	13	—	647	3,461	145	16	42	174
Hindley ...	...	...	210	—	86	—	—	—	124	—	314	923	250	26	13	60
Horwich ...	...	...	50	—	—	—	—	—	50	—	573	1,052	537	14	—	11
Huyton-with-Roby	...	...	125	490	32	169	—	320	93	1	1,273	2,461	109	—	—	31

\* Not available

\* Not available

TABLE 33—continued.

URBAN DISTRICTS			NEW HOUSES ERECTED DURING YEAR								DEFECTIVE AND UNFIT DWELLINGS					
			Total		By Local Authority		By Other Local Authorities		By Other Bodies or Persons		Total No. inspected for housing defects	No. of inspections made for the purpose	No. of defective houses rendered fit	No. demolished during year	Unfit dwellings	
															No. remaining at end of year	In respect of which clearance, demolition, etc., orders have been made
			Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats						
Ince-in-Makerfield	...	...	154	60	146	60	—	—	8	—	610	785	271	185	273	700
Irlam	...	...	140	—	—	—	—	—	140	—	164	809	106	6	4	4
Kearsley	...	...	130	—	18	—	—	—	112	—	92	184	28	19	—	42
Kirkby	...	...	173	10	—	—	128	10	45	—	857	1,018	279	—	—	14
Kirkham	...	...	67	—	—	—	—	—	67	—	351	568	20	—	—	36
Lancaster (B)	...	...	100	—	—	—	—	—	100	—	123	227	67	26	—	1
Lees	...	...	18	—	—	—	—	—	18	—	117	189	62	1	1	94
Leigh (B)	...	...	213	6	44	6	—	—	169	—	477	1,403	192	59	18	313
Leyland	...	...	111	11	34	11	—	—	77	—	45	67	18	1	—	30
Litherland...	...	...	9	30	1	30	—	—	8	—	1,124	2,279	447	12	—	—
Littleborough	...	...	60	—	—	—	—	—	60	—	770	1,383	65	6	6	—
Little Lever	...	...	114	—	36	—	—	—	78	—	84	141	76	11	24	150
Longridge	...	...	39	—	—	—	39	—	—	—	175	230	25	1	4	56
Lytham St. Annes	...	...	122	16	—	16	—	—	—	—	109	333	—	5	1	10
Middleton (B)	...	...	139	55	84	55	—	—	122	—	147	20	405	167	4	—
Milnrow	...	...	109	—	—	—	—	—	109	—	114	209	39	—	—	—
Morecambe and Heysham (B)	...	...	169	28	12	—	—	—	157	28	2,055	2,847	662	—	—	—
Mossley (B)	...	...	10	—	1	—	—	—	9	—	265	392	117	17	—	100
Nelson (B)...	...	...	7	1	—	—	—	—	7	1	116	743	85	—	—	12
Newton-le-Willows	...	...	65	54	6	54	—	—	59	—	322	897	208	4	12	4
Ormskirk	...	...	334	—	22	—	—	—	312	—	848	1,049	176	36	77	90



TABLE 33—*continuea.*

URBAN DISTRICTS	NEW HOUSES ERECTED DURING YEAR						DEFECTIVE AND UNFIT DWELLINGS							
	Total		By Local Authority		By Other Local Authorities		By Other Bodies or Persons		Total No. inspected for housing defects	No. of inspections made for the purpose	No. of defective houses rendered fit	No. demolished during year	Unfit dwellings	
													No. remaining at end of year	In respect of which orders have not yet been made
	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats						
Orrell ...	102	—	41	—	—	—	61	—	381	680	105	11	28	84
Oswaldtwistle ...	157	—	—	—	—	—	157	—	43	43	27	—	—	30
Padiham ...	69	—	—	—	—	—	69	—	98	157	17	37	—	97
Poulton-le-Fylde ...	245	8	—	8	—	—	245	—	38	59	4	3	1	20
Preesall ...	89	6	—	—	—	—	89	6	32	32	—	—	—	—
Prescot ...	68	48	16	48	—	—	52	—	567	1,447	183	26	4	10
Prestwich (B) ...	68	76	16	28	—	—	52	48	281	932	159	—	—	240
Radcliffe (B) ...	113	55	40	55	—	—	73	—	220	1,266	135	137	47	413
Rainford ...	66	—	12	—	—	—	54	—	18	69	2	1	14	5
Ramsbottom ...	99	—	—	—	—	—	99	—	5	59	—	19	—	—
Rawtenstall (B) ...	41	12	20	12	—	—	21	—	286	748	141	125	53	909
Rishton ...	6	—	—	—	—	—	6	—	65	270	55	—	—	—
Royton ...	294	—	48	—	—	—	246	—	579	1,235	95	52	240	200
Skelmersdale ...	93	—	13	—	—	—	80	—	523	1,471	249	2	56	170
Standish-with-Langtree ...	131	—	14	—	—	—	117	—	196	303	213	—	8	26
Stretford (B) ...	8	114	—	114	—	—	8	—	1,404	1,784	517	44	16	558
Swinton and Pendlebury (B) ...	254	31	150	31	—	—	104	—	1,170	3,989	211	99	12	283
Thornton Cleveleys ...	272	—	—	—	—	—	272	—	110	192	29	4	11	6
Tottington... ..	34	—	—	—	—	—	34	—	24	68	—	—	2	218
Trawden ...	2	—	—	—	—	—	2	—	67	73	—	—	1	28
Turton ...	334	—	27	—	—	—	307	—	514	538	436	7	—	7

TABLE 33—continued.

URBAN DISTRICTS		NEW HOUSES ERECTED DURING YEAR										DEFECTIVE AND UNFIT DWELLINGS				
		Total		By Local Authority		By Other Local Authorities		By Other Bodies or Persons		Total No. inspected for housing defects	No. of inspections made for the purpose	No. of defective houses rendered fit	No. demolished during year	Unfit dwellings		
		Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats							In respect of which clearance, demolition, etc., orders have been made
Tyldesley ...	...	229	—	42	—	—	—	187	—	198	424	32	8	17	10	
Ulverston ...	...	27	18	11	18	—	—	16	—	105	153	21	16	—	56	
Up Holland ...	...	140	—	—	—	—	—	140	—	73	73	19	—	2	220	
Urmston ...	...	40	—	15	—	—	—	25	—	193	487	82	2	—	89	
Walton-le-Dale ...	...	250	—	—	—	—	—	250	—	424	676	309	3	—	50	
Wardle ...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Westhoughton ...	...	163	—	—	—	—	—	163	—	1,366	2,870	96	—	35	85	
Whitefield ...	...	182	—	—	—	—	—	182	—	63	101	22	—	—	—	
Whitworth ...	...	12	—	4	—	—	—	8	—	329	633	35	19	6	36	
Widnes (B) ...	...	248	45	137	34	—	—	111	11	1,162	3,386	430	77	221	475	
Withnell ...	...	5	—	—	—	—	—	5	—	230	373	21	—	—	61	
Worsley ...	...	218	50	67	36	80	14	71	—	670	1,372	228	36	54	91	
Total Urban Districts ...	...	10,036	1,876	1,762	1,151	633	562	7,641	163	51,754	103,556	15,672	2,901	2,202	14,176	



TABLE 33—continued.

NEW HOUSES ERECTED DURING YEAR										DEFECTIVE AND UNFIT DWELLINGS					
Total		By Local Authority		By Other Local Authorities		By Other Bodies or Persons		Total No. inspected for housing defects	No. of inspections made for the purpose	No. of defective houses rendered fit	No. demolished during year	Unfit dwellings			
		Houses	Flats	Houses	Flats	Houses	Flats					No. remaining at end of year	In respect of which clearance, demolition, etc., orders have been made	In respect of which orders have not yet been made	
		Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats						
Blackburn ...	...	245	—	—	—	—	—	245	—	43	74	35	—	—	89
Burnley ...	...	52	—	—	—	—	—	52	—	86	255	37	8	—	66
Chorley ...	...	375	—	41	—	—	—	334	—	207	739	69	45	—	83
Clitheroe ...	...	48	—	18	—	—	—	30	—	107	132	6	—	3	1
Fylde ...	...	139	—	4	—	—	—	135	—	39	53	7	11	7	65
Garstang ...	...	155	4	—	—	—	—	155	4	164	241	26	1	8	25
Lancaster ...	...	252	—	26	—	—	—	226	—	340	648	46	1	5	3
Lunesdale ...	...	106	—	—	—	—	—	106	—	110	182	28	1	5	1
North Lonsdale ...	...	66	5	14	—	—	—	52	5	557	764	25	5	34	151
Preston ...	...	464	20	50	20	—	—	414	—	102	144	21	4	—	47
Warrington ...	...	401	—	—	—	—	—	401	—	515	1,050	130	8	10	54
West Lancashire ...	...	622	54	67	—	—	—	555	54	446	852	336	26	—	28
Whiston ...	...	783	608	4	—	469	608	310	—	876	1,225	94	—	2	209
Wigan ...	...	119	—	—	—	—	—	119	—	312	651	123	1	4	32
Total Rural Districts ...		3,827	691	224	20	469	608	3,134	63	3,904	7,010	983	111	78	854
Total Urban Districts ...		10,036	1,876	1,762	1,151	633	562	7,641	163	51,754	103,556	15,672	2,901	2,202	14,176
Total Administrative County ...		13,863	2,567	1,986	1,171	1,102	1,170	10,775	226	55,658	110,566	16,655	3,012	2,280	15,030

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